Survey of Nursing Education in Canada

By Dr. GEORGE M. WEIR, Director of Survey

1.—Introductory Statement

A number of pertinent questions are immediately suggested by the mention of the above subject. Why have a survey of nursing education? Are there such symptoms of maladjustment of our systems and methods of nursing education to present-day social and professional conditions as would warrant a comprehensive investigation that will probably be Dominion-wide in scope? Will the survey be merely a diagnosis of certain conditions pertaining to nursing education in the various social and economic areas of Canada, or will its findings and recommendations be followed up by a concrete programme of corrective and preventive reform? Will the benefits likely to be derived from such a survey compensate for the probable expenditure of money, time, and energy involved? Are surveys in general an "American innovation" or are they British and Canadian as well? In any event, will this survey be a Canadian survey of Canadian nursing problems and with the primary aim of improving nursing conditions in Canada? Does it aim to provide a thorough-going diagnosis before prescribing treatment for our real or fancied nursing ills? It is the aim of the present article merely to suggest answers to some of the above questions. In the writer's opinion, however, reasonably conclusive answers to a number of the questions cited can be given, if at all, only after the results of the proposed survey have been made known.

The present era is somewhat disconcerting to the reactionary whose intellectual gaze is chiefly over his shoulder at the past. The unsupported dicta of sages, prophets, and oracles are no longer accepted at face value.

"These are days of surveys, investigations, experiments, scientific doubt," writes Hall-Quest. "Deduction and opinion are losing caste. Authority is being pulled down from dusty thrones and cross-examined. The millennial bias, that a thing is right because it is old, is suffering a twist into a frontal position where the past is looked at face to face and respectfully requested to divulge by what mystic process it became authoritative in the beginning. If the evidence is forthcoming and is rational or even true to experience, authority will be escorted back to its throne, which in the meantime has been well dusted by approved methods, let us hope."

It should not be assumed, of course, that opinion evidence, especially the opinions of experts, has little or no validity. Nursing education has not yet become an exact science. Indeed the very nature of some of its problems precludes a wholly scientific treatment and their solution must depend largely on the best expert opinion available. Where applicable, however, careful statistical analysis and objective investigation—basic procedures in the modern survey—are probably as far in advance of mere opinion as modern medical practice is superior to the use of incantations, leeches, and other superstitious medical practices of the middle ages.

2.—General Aims of the Survey

The broad aims of the survey may be briefly stated as follows:

(a) To assist the nursing profession by crystallizing its problems and by defining and elevating its status.

It is frequently stated that the present is an epochal stage in the evolution of the nursing profession. Paralleling the advances so conspicuously being made in medical science and practice, the nursing profession

is rapidly becoming more scientific in outlook and practice, more highly specialised and socially important. There are some observers, however, who apparently doubt whether the marked development of the nursing profession can continue, under existing conditions, without the profession becoming somewhat commercialised or dehumanised. How should admission standards, for instance, be safeguarded so that the profession will retain its traditional nobility while increasing its professional efficiency?

(b) To render more effective assistance to the medical profession in its great service to suffering humanity.

(c) Primarily to promote the interests and well-being of the patient and of the public. Society is so constituted, as an organic whole, that there is a vital interdependence among its various parts, and what proves to be of real benefit to one of these parts (as the nursing profession) must also prove of considerable benefit to the other parts of the social order.

It is obvious, of course, that the aims of education—whether nursing, medical, theological, legal, or whatever the type—can never be completely and ultimately realised in a living and expanding social order. The laws of life preclude such fixity and finality. Each advance in our social evolution prepares the stage for a subsequent advance. The objectives of nursing education must, therefore, ever remain in a process of approximation rather than of complete fulfilment. The future, as the present, status of the nursing profession, so long as it possesses vitality, will bristle with major problems—economic (including administrative), educational, and sociological, as well as the merely technical. In the words of James Russell Lowell:

> "New occasions teach new duties,
> Time makes ancient good uncouth—"

and herein chiefly lie the major purposes of the survey, namely, its diagnostic value concerned largely with the detection and elimination of the "uncouth" and outworn factors in educational procedures; and its more constructive or prognostic contribution, pointing out ways and means of advance along various economic, educational and social avenues that conduce to the highest efficiency of nursing education. The personnel of the survey committee, composed of outstanding representatives of the Canadian Medical and Canadian Nurses Associations, should, in the writer's opinion, be sufficient warranty that the major aims of the survey will not be overlooked.

3.—Some Economic Problems

So much for general background: let us now consider a few of the innumerable economic and other problems involved in a survey of nursing education in Canada. The matters mentioned below are suggestive only. The writer's present aim is to state a few typical problems, that indicate the need for a survey, rather than, at this stage, to offer a solution for these problems. Incidentally, it is the investigator's duty to maintain an open mind (closed at one end) until all the available evidence is presented.

Questions of demand and supply are ever to the forefront:—Is there, at present, an overproduction of nurses with consequent unemployment (especially among private duty nurses) and low remuneration? If so, to what extent does the above condition exist and wherein lies the remedy? Is the increase in the number of nurses being graduated from our training-schools proportionally greater that the increase in general population? If the present rate of increase continues for ten or fifteen years what will probably be the proportion of nurses to doctors, to patients, and to the general public? Is the increase uniform or is there a shortage of nurses in certain areas? Compare, for instance, the need for skilled nurses in rural British Columbia, rural Saskatchewan, rural Ontario, and the larger urban centres. To what extent is the problem one of the effective distribution and control of nursing services? Does the above problem bring us dangerously near to the delicate question of socialising nursing

services (under state management and control) and would such control involve a form of socialism or communism somewhat foreign to Canadian outlooks and modes of thought although recently advocated in certain rural sections of Canada? To what extent, if any, would the above expedient involve a system of compulsory health insurance and is the latter a new form of taxation under disguise? What are the actual conditions of unemployment among the nurses in Canada? Obviously this question would involve a careful statistical study.

Regarding nurses' fees: Are these frequently too high for the average patient to pay? Are these fees higher relatively, than, for instance, the remuneration of high or public school teachers? Surely the nurse is as entitled to be justly rewarded, on the basis of skilled services rendered, as are the members of other professions. Do nurses, as a class, receive adequate remuneration to enable them to live decently, to save for old age and the proverbial "rainy day", to enjoy reasonable recreation, and to keep abreast of the advances in their profession? How is the above situation to be remedied, if at all: e.g. by more rigid selection of the nursing personnel, such as raising the admission requirements to, or the graduation requirements from, training schools? Would such elevation of standards probably tend to increase, or decrease, the number of applicants? How, if at all, should the public be educated to make a greater use of skilled nursing services? What legal or other safeguards, if any, should be taken to prevent poorly or partly trained nurses from charging as high, or higher, fees than those charged by the highly trained nurse? Are the above conditions due to unavoidable social and economic disparities that cannot be remedied except through a slow process of public education, eventually followed by legislation, or does the remedy, if any, lie close to hand? What are the controlling economic and other factors affecting nursing services, for instance, in sparsely settled rural areas and in densely populated urban communities? Which, for instance, is the chief difficulty of the average patient—to pay the nurse, or to obtain the right kind of nursing service?

Then, too, problems of group nursing, part time nursing, etc., are the subjects of much discussion at the present time. The fact that such expedients have proven advantageous in certain sections of the United States is no guarantee of their successful application in Canada unless the conditioning factors are equivalent in the corresponding areas where the experiment is tried. For instance, would the successful application of this experiment (outside of hospitals) involve a zoning system, or the delimitation of areas of similar economic status especially in cities? Obviously, too, the problem is quite a different one in the average rural community. What contribution, in this connection, have such agencies as the Saanich Health Centre (British Columbia), for instance, or the Saskatchewan Municipal Doctor Scheme to make towards the solution of health problems in rural or semi-rural areas?

The above are typical of the economic and social factors involved in a survey of nursing education in Canada. The mere statement of these problems is, in the writer's judgment, sufficient evidence of the need for a careful investigation of available data before tenable conclusions can be reached. Furthermore, owing to the diverse economic and social conditions existing in various areas of Canada, generalisations would probably prove dangerously misleading. Where the conditioning factors are practically equivalent, as in areas of similar economic and social status, the nursing problems involved may be classifiable and subject to solution on a common basis. Obviously, too, while certain general principles may be applicable, no set formulas will provide the solutions for Canada's diversity and complexity of nursing problems. The

survey of nursing education involves not one study only but a series of studies, each of considerable scope and importance.

4.—A Few Educational Matters

The survey bristles with problems of an educational nature. A few samples may prove suggestive of the complex difficulties abounding in this comparatively unexplored field.

Are nurses-in-training frequently given too much theory, in a relative sense, and too little supervised practice in actual bedside nursing? Real education develops initiative and resourcefulness and hence means much more than the mere acquisition of knowledge. "Knowledge is power" —but only when assimilated, motivated (given a purpose that seeks expression), and rendered dynamic. The supreme test of the efficacy of education is, in the final analysis, "the emergence of appropriate conduct in life situations". How will the nurse react when thrown upon her own responsibility, as in home nursing, or when confronted with an actual problem in a practical life situation? Theory, if properly assimilated, will no doubt beneficially modify or control her reactions. Otherwise mere theory is excess baggage and probably a positive hindrance to rational conduct. There is, however, another vital aspect of the problem:—Will mere practice, without adequate theory, produce the automaton ?

Again, is there anything in the charge that student-nurses are too often regarded by hospital authorities as so-called economic assets to the hospital rather than as worthwhile personalities who are being educated to become efficient leaders in health matters and missionaries to suffering humanity? In other words, is the chief interest of hospital administrators—from the viewpoint of the training school—in the training of the efficient nurse, or does this interest predominantly lie in financing the hospital? Is the student-nurse legitimate game in the field of hospital finance? On the other hand, may it not be true that the presence of the training school is sometimes a financial liability rather than an asset to the hospital concerned? Certain investigations indicate that the latter is sometimes the case.

The question of selecting student-nurses is also of paramount importance. On what basis, by whom, and by what criteria should student-nurses be selected? What is the range in the preliminary education of student-nurses? Does this range extend from, say, grade VIII (entrance to high school) to the B.A. degree? What should be the minimum standard of preliminary education and to what extent, if any, is this question related to that of demand and supply? It is probably true that certain applicants with only grade VIII standing may have superior nursing aptitudes and a higher intelligence than some graduates in arts possess, but no thoughtful person would, solely on this account, argue for the lower academic standard. The logical conclusion of such fallacious reasoning would mean the elimination of any preliminary education for student-nurses.

It would also be interesting to know whether the intelligence of the average student-nurse is equal to that of the average public school teacher, for instance, and to what extent, if any, this average intelligence varies among student-nurses in the larger and smaller hospitals. Is there, in general, a high correlation, or correspondence, between low preliminary education and low intelligence among student-nurses? It is possible for candidates of comparatively low intelligence to meet the preliminary educational requirements for admission to training schools? Obviously these are problems of prime importance in a survey of nursing education. Nor is their solution a matter of mere opinion to be pronounced *ex cathedra*.

5.—The Hospital Training School for Nurses

The question arises as to how large a hospital should be before it undertakes to maintain a training school for nurses. At what size, if any

definite size—as indicated by the number of beds, number of graduate nurses, range of cases and clinical material, etc.—does the law of diminishing or increasing returns become operative from an economic viewpoint? At what point of magnitude, if any, does the maintenance of a training school for nurses become an economic expedient or alleged economic necessity? The answer to these questions would involve the study of selected groups of hospitals, with and without training schools, located in similar economic areas, supplying practically equivalent qualities of nursing services and with equivalent scales of nursing fees. The study would probably be more reliable if selected hospitals were to experiment over a period of, say, three years, firstly, with the training school, and secondly, over the same period, without the training school. In segregating the cost of the training school (where separate budgeting for the training school has not been done), apart from general nursing services, specific problems in cost accounting would arise. Mere guesswork or general estimates would scarcely be satisfactory. If certain hospitals found it economically advantageous to disband their training schools, more nursing positions would obviously become available for graduate nurses, while, at the same time, certain adjustments might be advisable in the training of prospective student-nurses living in the localities concerned. The whole question of the selection, allocation, and grading of training schools for nurses would also probably emerge at this juncture. The numerous factors to be considered in the studies of cost accounting would involve such matters as the following: — monthly allowances to student-nurses versus salaries paid graduate nurses; number of graduate nurses required to give equivalent nursing care of the patient (could one efficient graduate nurse, for instance, perform the services of several of the average type of student-nurse?); cost of instruction of student-nurses, e.g. cost of lectures, etc., upkeep of library, classrooms, laboratories, etc., wastage of materials, etc.; relative cost of maintenance (food, nurses' home, etc.); cost of overhead—clerical work, keeping records, supervision, etc.; cost of repairs, depreciation, insurance, etc., etc. Possibly several lay assistants could be trained to do considerable of the menial and clerical work (records, charts, etc.) that would otherwise consume much of the time of the more highly paid graduate nurses. Would the employment of trained lay assistants also relieve the graduate nurse from doing certain duties she might consider *infra dig?* Does the training school tend to improve the general tone and spirit of nursing services? Consider, too, the class of patients who might be attracted and the larger fees available for certain types of nursing services, if the hospital in question had the reputation of engaging only graduate nurses. It might, of course, be necessary to retain the present, or even a lower, scale of fees for the nursing care of the poorer patients. In the case of hospitals employing only graduate nurses should larger grants be available from provincial and municipal sources? On whom should the incidence of the increasing financial support of hospitals fall in any case? Is not the public hospital a national institution as is the public school? Should patients and student-nurses, for instance (assuming that the latter are sometimes regarded as economic assets in hospital maintenance) be expected to pay, directly or indirectly, a proportionally larger share of the cost of hospital maintenance than teachers or pupils should pay of the cost of school maintenance? Does the burden of proof not rest on the person who answers the above question in the affirmative? What better investment than the reasonably generous support of its schools and hospitals can be made by the state?

6.—Some Miscellaneous Matters

The following items may involve some repetition. They are selected

indiscriminately from a preliminary questionnaire prepared by the writer and no attempt has been made here to follow any logical sequence. The purpose of their inclusion is to suggest several types of supplementary problems or subjects that should be considered in a survey of nursing education.

Rate the following factors in the training of student-nurses. Consider the average training school attached to the hospital of e.g. 50 or more beds. (Answer in the light of your observation and experience):—Adequacy of courses (organisation, selection of material, etc., etc.); methods of teaching; adequacy of practical work; adequacy of clinical experience; quality of examinations (written or oral); social life; quality of discipline; standard of admission requirements; standard of graduation requirements; adequacy of time for study; adequacy of time for recreation; care taken of the student-nurses' health; distribution of training (e.g. maternity, surgical, children's diseases, nervous and mental, etc.); responsibility placed on student-nurses, e.g. in bedside nursing, keeping records, charts, etc.; avoidance of over-work or strain; emphasis on, and development of, a high idealism and pride in the nursing profession in its service to humanity; emphasis on general nursing care in the home as well as in the hospital.

In the average training school for nurses (3-year course)—are the teaching methods ordinarily practised sound pedagogically? Is there frequently too much talking (lectures) by the instructor and too little real teaching? Is the size of the classes in many training schools frequently too large for the best teaching procedures? Would the majority of the instructors profit from a course in educational psychology or in modern educational methods? Is time now available (considering the nature of the curriculum and practical duties) for basic elementary courses (20 hours or so for each course) for student-nurses in:—(1) Educational Methods; (2) How to Study Effectively; (3) Psychology of Abnormal People; (4) Rural and Urban Sociology? Should oral examinations (quizzes) supplement, in greater degree, the usual written examinations set for student-nurses? Do the average written examinations set for student-nurses test memory power to a greater degree than they test reasoning ability? From the viewpoint of efficient training (rather than an economic asset to the hospital) is the average student-nurse on duty too many hours in the day? How many patients can the average student-nurse (e.g. in a maternity ward) efficiently care for? Is the above number frequently exceeded? What are the conditioning factors in the above case? Is a 12-hour period on duty (with duties as ordinarily prescribed and in an average busy season) too long? Would a 10-hour period, under the above conditions, be too long? Is the 8-hour period too long? Would a 6-hour period, considering the time needed for private study, recreation, etc., be too short? Are the principles, or expedients, determining the length of period on continuous duty chiefly:—(1) Of an economic nature; (2) of an educational nature; (3) equally economic and educational; (4) more economic than educational; (5) more educational than economic; (6) chiefly of some other nature?

List the following factors in order of importance in contributing to success as a practising nurse:—industry; character; knowledge; intelligence; tact; personality. List (by letters a, b, c, etc.) the following objectives or aims of education (nursing or general) in what you consider the order (if any special order) of their importance: promotion of health (public and personal); control of the fundamental processes and techniques; worthy membership in the home; citizenship; fitting for a vocation or profession; worthy use of leisure; ethical character. (Consider effect of your answer on type of curriculum).

Does the average private duty nurse in service enjoy the following advantages or opportunities in a fair

degree: reasonable working hours; adequate income; constructive leadership; opportunity for growth (through recreation, study, travel, etc.).

Should private duty nurses give their services on a regular salary basis (monthly or annual or weekly), being paid by or through a responsible registry, while the patient pays the registry (on the instalment basis, if need be) for the amount of skilled nursing service (hourly, or daily, etc.) actually given? Might such a system invite "profiteering" at the expense of nurses or patients?

Which type of nurse experiences the greatest difficulty in obtaining continuous employment—private duty; public health; institutional; practical (may not hold a diploma); special: surgical, maternity, etc., etc.; others? Are the following the chief causes of unemployment—surplus of nurses—through social or other attractions in your community; high nursing fees (by the day or week); inability of available nurses to meet professional or social needs of the family; content of nursing services ill-adapted to meet family or community needs; lack of specialisation in undergraduate training, i.e. surgical, maternity, contagious, etc.; unwillingness of nurses to work in rural or poorer homes where household duties may be added; unwillingness of nurses to work on holidays, etc.; unwillingness of nurses to undertake contagious or very serious cases involving unusual personal responsibility; community unusually healthy, etc.; time on duty too long for average nurse; seasonal fluctuations in demand and supply; other causes, e.g. personal unfitness, lack of tact, etc.?

What effect on nursing education and on the nursing profession in general will probably result from the development of Industrial Nursing Services (e.g. consider the C.P.R., T. Eaton Co., etc., instituting skilled nursing services for their employees)? What responsibility, if any, should the nursing profession assume towards the whole movement of industrial nursing?

If the number of training schools for nurses should be reduced, on what principle should such reduction be carried out, e.g. restriction by geographical area; restriction to areas on the basis of density of population; restriction on the basis of community needs; advancing of training and graduation requirements, e.g. requirement of more diversified and advanced clinical work; restriction, on the basis of demand and supply, of the number of entrants rather than of the number of training schools; admitting to the Registered Nurse examinations only the graduates of specified training schools; should the regulations governing the accrediting of training schools be provincial (only) in scope; should the above regulations be made Dominion-wide, e.g. through legislation permissive with the various provinces (cf. the Dominion Medical Council Examinations)? Other principles of restriction?

The chief purpose of the present article has been of a two-fold nature: Firstly, to give some indication of the scope and complexity of a survey of nursing education in Canada. This survey is both a challenge and an opportunity—a challenge to promote the interests of the nursing and medical professions and of the public at large and an opportunity to investigate and systematise practically a virgin field of professional study in Canada. Secondly, to enlist the active support and wholehearted co-operation of the nursing and medical professions and of a large group of public-spirited citizens. With this support and co-operation (real and active rather than imaginary and passive) the survey can scarcely fail to attain, in some small measure, the success anticipated by its sponsors—the Canadian Medical and Canadian Nurses Associations.

Editorials

The Nursing Survey

I

This survey, which will have its formal beginning November 1st of this year, when Dr. Weir will begin to put his plans into operation, is the most important single project ever undertaken by the organised profession of Canada. In this important undertaking we have the support and co-operation of the organised medical profession through the Canadian Medical Association. This survey should be a challenge to every nurse in Canada to give her whole-hearted support and also her individual personal help when asked to do so. To bring the survey to a successful completion depends largely on the interest displayed by the nurses themselves. Many will be called upon to give time in preparing information, and when this appeal comes each should realise that time is of outstanding importance. The survey will cover a limited period, and none of that time should be wasted through delayed information.

For the coming four months, could we not adopt the slogan of "Survey First"?

II

When we have looked forward for a long time to some undertaking that seems most desirable but almost unapproachable, there is apt to be a large element of unreality about the first days of such an undertaking when it actually materializes. Thus it seems now about our survey, or study, of nursing in Canada. We still ask if this is a Wonderland dream from which Alice will soon awake, or if it can be true that the Director of our study is really at work and that, thus, the study has taken its place among the work-a-day responsibilities of the Canadian Nurses Association. Apparently the latter is the case and, as each member of our Association has much to gain from this work, so also much help—of many and divers kinds—is needed from each one.

It is not likely that the study will have much success unless its purposes are clear. Unless the best of understanding can be arrived at in the beginning, and maintained throughout, there is likely to be far more heat than light generated in this undertaking. In order to clear our thought upon this matter of purpose we might approach it from the negative and state as a starting point that this study is not being undertaken merely to collect information with that as an end in itself. No doubt such information if cleverly compiled, would form most entertaining reading matter, and many a tedious hour might be beguiled with it. However, the Canadian Nurses Association has no such beneficent purpose in mind. It is true that information must be collected but only as a means to a further end. And it is this ultimate purpose of the study that must be kept clearly before us. The study must tell us what work is needed by the community from the nursing profession, how the services that nurses have to give can be performed with greatest satisfaction to the community, and how nurses can be best prepared to perform these services.

This last mentioned question of the preparation of nurses for their work is a puzzling one. Many and varied are the solutions to our problem that are offered from the onlooker, perhaps I should say many and brilliant are the solutions, and that they are as varied in form as is the brilliance of the speakers. It takes a saving sense of humour to refrain from despair about ever reaching a solution in the midst of all this variety of advice. However, we may still cling to a determined optimism and refuse to believe that our riddle is entirely unsolvable.

After all it is apparent that the preparation of the nurse for her work must be in terms of the work waiting for her. To quote from a recent

text on a different subject, I would say that, "this remark may sound like a silly truism. It ought to be one; but unfortunately it is not". On the contrary we like to be dogmatic about the teaching of nurses without careful thought concerning the work for which they are being prepared. It is just this latter information that the Study (the time for the capital letter has arrived) should give us a clearer and more forceful fashion than has hitherto appeared. It may show that there is a far greater variety of work included under the one name of nursing than most of us have realised. It may show us that we need a larger vocabulary to name our varieties of work without resulting confusions. It may show us that a variety of different kinds of work brings with it a necessity for greater flexibility in training; that one mold cannot produce different patterns. These and many others are the interesting possibilities. It is idle to speculate and at last to our—as yet, incredulous—joy, it is no longer necessary to speculate. At last we are to have information, instead of opinion, upon which to base our conclusions.

Why a Survey?

In endeavouring to answer this question there are many reasons to be considered, each one of which would seem sufficiently important to warrant a definite attempt to ascertain the facts with a view to the improvement of those conditions which affect that special angle of the problem. It is not possible, however, to separate any one part of this complex situation since the answer and remedy to one difficulty is entirely dependent on all the other phases of the question.

By those who have not given the matter careful thought, the blame for many of the present-day difficulties in the nursing service of any community is often placed on the present-day system of education in the schools of nursing. The time has come when a definite and honest effort should be made to test the truth and the justice of this criticism by ascertaining definite facts, not only as to the educational system of the schools of nursing, but, perhaps, more enlightening still, why this system has been developed and adopted. We must know the demands made upon the student nurse by the hospital and in what way her education is furthered or retarded by these demands. We must know to what extent hospitals conducting schools of nursing realise their responsibility as educational institutions, the provision they make for proper teaching, the extent to which they are influenced from an economic standpoint, and also what they can conscientiously offer in the way of teaching and experience to the prospective student. We must know the type of service demanded from the student nurse by the medical profession. Is proficiency in bedside nursing of the patient considered sufficient or is the student nurse expected to add to this the knowledge and ability to not only perform many duties formerly done by the medical profession but to add to those the rapidly increasing number of special tasks which go hand-in-hand with the advance of medical science and practice.

In short, we must know what type of service is demanded of the nurse of today by the hospital, the medical profession and the public, and to what extent and in what way the nursing profession should endeavour to prepare its members to meet these demands.

In answer to that we must go far afield. We cannot limit our knowledge to the hospital walls, but must look beyond them into the life of the community. In doing that we find ourselves confronted with many difficult problems. Some of these we may never entirely solve, but in the solution of any, we are firmly convinced that we will need the intelligent interest and the whole-hearted

and understanding co-operation of all members of the community.

The answer as to why we plan a survey of nursing in Canada is to place all the facts on the table and from this definite knowledge to begin at least to develop and to build a different structure which will not only serve our generation but whose foundations will be so well and wisely laid that future generations of nurses may add, as time goes on, such additions as their day and generation require.

We would also hope to find some solution to the economic difficulties presented when an adequate nursing service for all members of society is considered, or, if not to find an actual solution to at least have the facts realised, understood and definitely separated in the public mind and not confused, as at present, with the question of nursing education and nursing service.

An Objective in Membership

For two years a special committee appointed by the Executive of the Canadian Nurses Association has studied the matter of dual affiliation in our national organisation. Such a study was necessitated by the fact that in six provinces nurses hold membership in the Canadian Nurses Association through organisations other than provincial, that is in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec. In those provinces, notably the latter two, nurses belonging to certain organisations affiliated with the national association may hold membership in the Canadian Nurses Association and the International Council of Nurses without belonging to their provincial association.

Those actively engaged in increasing provincial membership are aware of the handicap entailed by such a policy. Many who value membership in the national organisation and affiliation with the International Council of Nurses fail to belong to their provincial association, since national and international affiliation may be secured apart from provincial membership. By the same token, many nurses holding provincial membership are forced to pay a dual affiliation fee, that is when the alumnae to which they belong happens to have national affiliation.

The last biennial meeting of the Canadian Nurses Association agreed that membership through provincial associations only should be the objective of the organisation, and that the putting into operation of such a plan be delayed until its further consideration at the next biennial meeting to be held in Regina in 1930.

The committee has secured certain data, the study of which is both surprising and convincing. In 1928, 57% of the total membership in the Canadian Nurses Association was composed of provincial associations and 43% of organisations other than provincial. Forty associations, then, other than provincial, in six provinces, are affiliated with the national association and compose 43% of its present membership. An effort has been made to learn from those organisations how many of their members are eligible for membership in a provincial association. From replies received it is estimated that eligibility is confined to 62%. It is axiomatic that the price paid for provincial affiliation only will probably entail some increase in our national affiliation fee.

In the opinion of those studying the question, provincial affiliation only is the logical form of organisation and, to facilitate the sound growth of those associations, should be adopted at the earliest opportunity. Meanwhile, each provincial organisation should devote its energies to securing increased membership and thus aid in the fulfilment of the objective of the Canadian Nurses Association—membership through provincial associations only.

Breast Feeding in Health Centres

By A. B. CHANDLER, M.D., Medical Director, Child Welfare Association, Montreal, P.Q.

During the last few years much has been written describing the orthodox modes of caring for the young infant's nutrition. There appears to be only one point on which all agree, namely, that mother's milk is the ideal food for all babies and the suitable food for prematures and certain sick infants. There have been many arguments as to the proper time for first putting the child to the breast, as to the frequency of nursing, as to the diet of the mother, but no one has claimed to produce as good a food in any laboratory as the human breast is accustomed to secrete. This fact has been aptly expressed by Oliver Wendell Holmes—"A pair of substantial mammary glands have the advantage over the two hemispheres of the most learned professor's brain in the art of compounding a nutritive fluid for infants."

The popularity of nursing in spite of this well known fact seems to be running in cycles. It was the only method of feeding until the second half of the last century saw the widespread introduction of baby foods which had a huge sale owing to the extensive advertising they received. At the beginning of this century the propaganda of the various agencies interested in child welfare began to have its effect, and for twenty years breast feeding was steadily on the increase and the use of baby foods all but vanished. During the last few years, however, the pendulum seems to be swinging the other way and apparently less breast feeding is being done at the present time than there was ten years ago. There are several factors that seem to be at work to bring this about.

Is there any connection with the rise in popularity of pediatrics as a specialty during this period and an apparent decline in nursing? When the obstetrician hands the baby over to the pediatrist does he not imply that he is not familiar with modern methods of artificial feeding rather than not being conversant with breast feeding? If that is the case, has the pediatrist been forced to make good by living up to this implication? Is not the keen competition in pediatrics having a tendency to make us show our skill in artificial feeding rather than keeping a baby on the breast, which is less spectacular and much more difficult? Both the medical student and the graduate interested in children devotes almost his whole time to the artificial feeding of children and little or none to the difficulties of breast feeding.

There are many factors in modern life that are conducive to bottle feeding. The future mother has been reared in an atmosphere of excitement. She has gone to work at an early age in domestic service, factory or office. Home life has largely disappeared so that the home is not much more than a place to sleep and to store her s c a n t y wardrobe. Pleasures are all taken outside the home, at the movie, dance-hall or in the automobile. The girl is a pal before marriage and she is carefully taught she must be so afterwards if she is to retain her husband. One cannot stretch one's imagination to visualise a mother nursing her baby as a pal any more than to associate her training as satisfactory to produce the phlegmatic type of woman who makes the ideal mother for nursing.

Modern housing conditions are not conducive to breast feeding. The young couple must take quarters in a crowded section whether in a boarding-house, a one-roomed apartment or, if in a larger place, generally in a poorly constructed building where one can hear any noises from

(A paper read at the Canadian Society for Diseases of Children Meeting, Hamilton, Ont., May, 1929.)

the neighbouring apartments. In such quarters it is difficult to correct a breast feeding problem when the mother and physician both know that it is easier to give a bottle than to attempt to increase the amount of breast milk by stimulation from a hungry baby.

The very emphasis we have put on the baby-scale is working to our disadvantage, as the mother knows that her baby should gain regularly. She is upset if the neighbour's baby on a bottle's gain is more regular and with far less trouble to her and more sleep to the father.

The work on nutritional disorders which has led to the almost universal giving of cod liver oil and orange juice has probably worked to the advantage of the bottle-fed baby much more than we realise. We can no longer claim that the bottle-fed child is almost sure to develop rickets—in fact, we know that cod liver oil will protect him, even in this climate, from any but the mildest manifestations, and that the breast-fed baby is equally entitled to his daily doses of this food. The threat of the child developing summer diarrhoea, if weaned, is no longer much to be feared because the knowledge is widespread that if the bottle-fed baby is well cared for there is little to be feared from this disease which used to be so common and so fatal. We do not often see nowadays figures showing that the bottle-fed baby stands five times as great a chance of dying as the breast-fed child does. This, of course, is still true if both children are neglected.

With these thoughts in mind the Child Welfare Association decided to make a survey of its work in breast feeding, neither with the idea of answering the question whether health centres were aiding bottle feeding nor with the idea of showing that the breast feeding work was adequate. Some of the findings were of sufficient interest to publish them in hopes that others may be stimulated to furnish similar figures. There have been few statistics published recently in this connection and these have nearly always been with a definite idea of proving that breast feeding was adequate. Our figures are shown just to represent the state of affairs in this locality, and my personal opinion is that similar findings are present generally throughout the continent. It is hardly necessary to say that I am disappointed to have my suspicions that there was not an adequate amount of breast feeding being done, thoroughly substantiated.

It is almost impossible to produce records as to whether breast feeding is declining or not. Records from private practice are of little value as so much depends on the type of practice. One pediatrist might have a preponderance of cases referred to him from birth while another might receive largely difficult cases already in trouble. Their records would not give any indication of the average in the community. Chart I—Shows a comparison between a sampling of our figures taken in 1928 and a similar group of Toronto figures published by Brown in 1917. Both were worked out in the same way. The results are almost identical with a shade in favour of the Montreal figures. It would be interesting to see what the Toronto figures of today would show.

Chart II—Was made to answer the question I have often heard asked—"Do health centres favour weaning?" These figures do not correspond to the ones in Chart I because they were taken from the nurses' report of 1927. The previous figures are better, I think, because they were taken as part of the Breast Feeding Survey and were possibly influenced by it. The information in Chart II was taken with nobody's knowledge and I think probably favours the bottle-fed baby. Health centre babies from this chart would seem to be nursed longer than similar babies who came to the health centre after

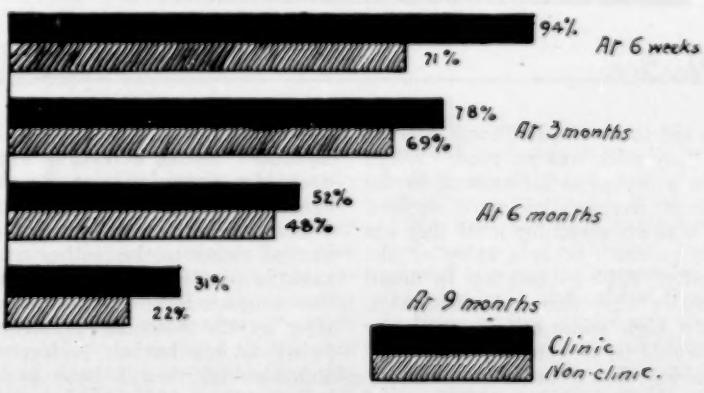
COMPARISON IN LENGTH OF BREAST FEEDING.
OF
TORONTO HEALTH CENTRE CASES IN 1917
WITH
MONTREAL HEALTH CENTRE CASES IN 1928

CITY	No. of CASES	PERCENTAGE OF NURSING UP TO			% of NURSING
		3 Mos.	6 Mos.	9 Mos.	OVER 9 Mos.
TORONTO 1917	946	79·65	60·51	31·88	
MONTREAL 1928	769	79·98	66·06	33·95	13·93

C.W.A. Montreal 1928

No I

BREAST FED BABIES
STUDY OF LENGTH OF TIME OF BREAST FEEDING
CLINIC & NON-CLINIC BABIES.



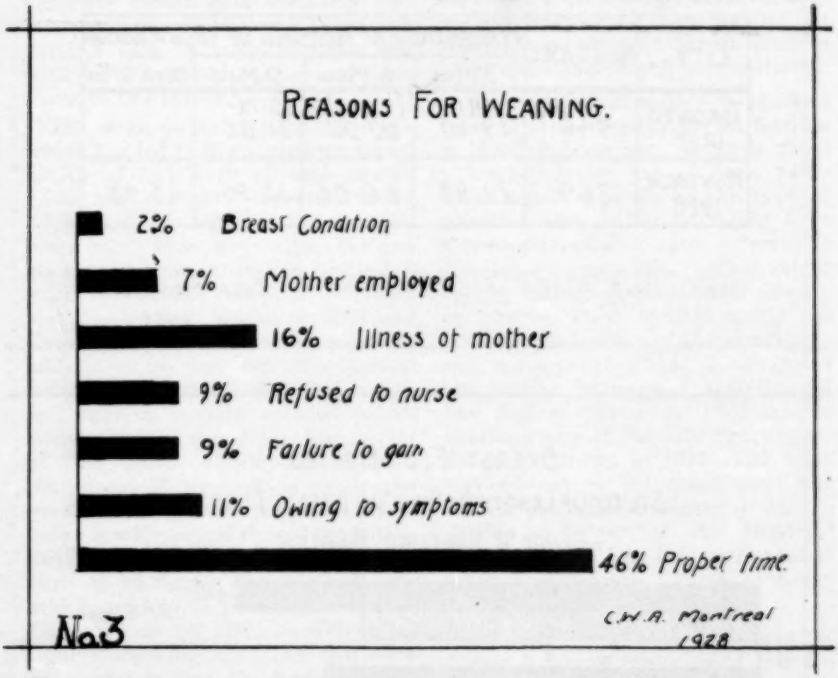
C.W.A. Montreal 1928

No 2

weaning. The same class is represented in the two groups—the only difference being that one class was weaned after registration, while the non-clinic babies were weaned before arrival at the centre.

REASONS FOR WEANING

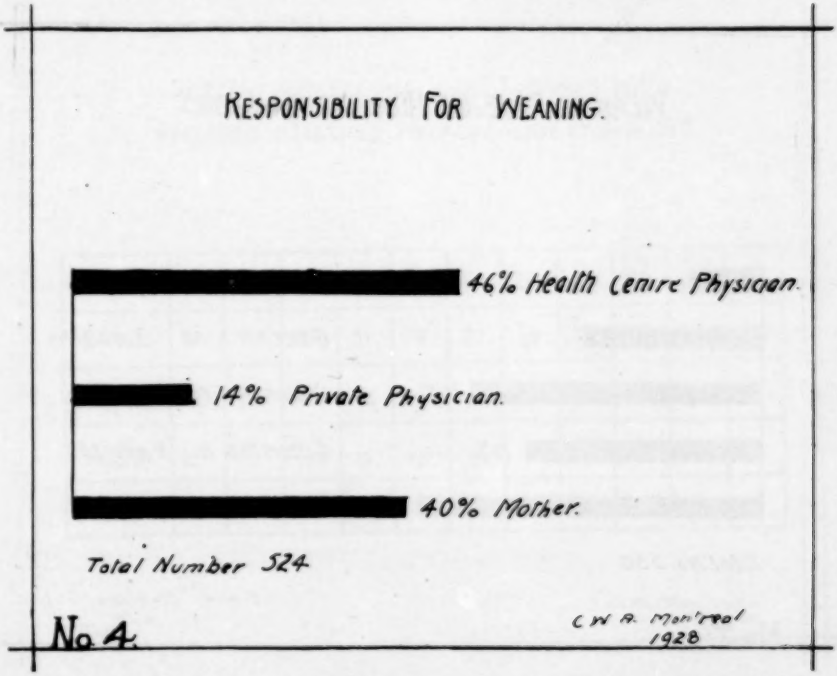
It was considered important in making this survey of 530 babies weaned when under the care of the Association to find out why artificial feeding was necessary. Chart III is made out to show this. It was decided that "my milk was no good" would not be accepted as an answer, so the headings enumerated were decided on. These are given for what they are worth as the mother's story of the difficulty. Taking these up in detail we notice that some of them seem unduly high while others are lower than would be expected. Theoretically all babies should be weaned at the proper time, so that our findings of 46 per cent. weaned at this time is less than half what it should be and indicates either that the time we have chosen is wrong, or that breast feeding is totally inadequate amongst our babies. The arbitrary time chosen when weaning may be inaugurated was left entirely to the physician in charge of the centre. The Association has never deemed it wise to put down an arbitrary time for weaning, leaving it to the discretion of the physician when weaning should take place after six months. Personally I am in favour of a gradual cessation of breast feeding extending over six weeks by dropping one nursing a week.



The high percentage of seven weaned owing to the mother going to work is partly an indication of the low economic level of the class looked after by the Association and partly owing to our having to have some definition of when a baby is breast fed. Surveys of this kind are almost universally vague on the latter point. When a mother was away from the

baby working all day it was considered that her baby was getting a negligible quantity of breast milk. So these babies as well as the ones who only nursed at night were considered as weaned. Owing to this limitation, in what might be termed the partially breast-fed baby, it is difficult to compare our figures with others. The number of children nursed only at night by the clinic class of mother is considerable.

a physician is indicated elsewhere. We have made a rather arbitrary division between "Refusal to Nurse," "Failure to Gain" and "Owing to Symptoms." They all occupy a similar place as to rate of frequency and I think the distinction is worth while as it puts the gastro-intestinal symptoms in about their proper place and upholds the public health claim that breast milk is almost invariably good in quality, but may be very poor in



Illness in the mother accounting for 16 per cent. of the weaning of these babies is certainly not a true picture of the case. The high percentage is no doubt partially due to her reaction to questioning, but also accounts for a considerable proportion of the cases where the weaning was done by the mother herself owing to her being discouraged at the progress of her baby, or perhaps she was simply taking what she thought was the easiest path. How many of these cases were done at the suggestion of

quantity, accounting for many babies refusing to nurse an empty breast or failing to make an adequate gain when the quantity is limited.

We were not only anxious to find the reason for weaning but also wanted to place the responsibility for this change in the babies' food. Our findings in this regard are shown in Chart IV. Has this weaning been done by the health centre physician, the private physician or the mother? I feel there is a definite lead in this chart pointing the way to what was

largely in our mind when the survey was undertaken. When 40 per cent. of these children were weaned by the mother I feel convinced that complemental and supplemental feedings were being freely given or she would never dare make this change. What she did was to gradually increase these feedings without advice. The lessening of the demand on the breast made weaning of course inevitable. The relation between complemental and supplemental feedings, and weaning is being further studied but the cases are still too few to be able to draw definite conclusions. There is no doubt, though, that giving generous artificial feedings allows a mother to wean her baby without further advice from the physician.

The small number of babies weaned by the private physician, I feel, is all to his credit, although it must be recognised that the economic level of most of the parents precluded many private consultations. Perhaps also it indicates only a minimum of sickness amongst the children who were getting health centre care. While at times the private physician seems to his confrere in the health centre to wean for insufficient reason it must always be remembered that he generally has not the knowledge of the home conditions available at the health centre through the efforts of the public health nurse. No doubt also the private physician frequently takes the view that the health centre can adequately look after the baby, so his main endeavour is to reconstruct the mother.

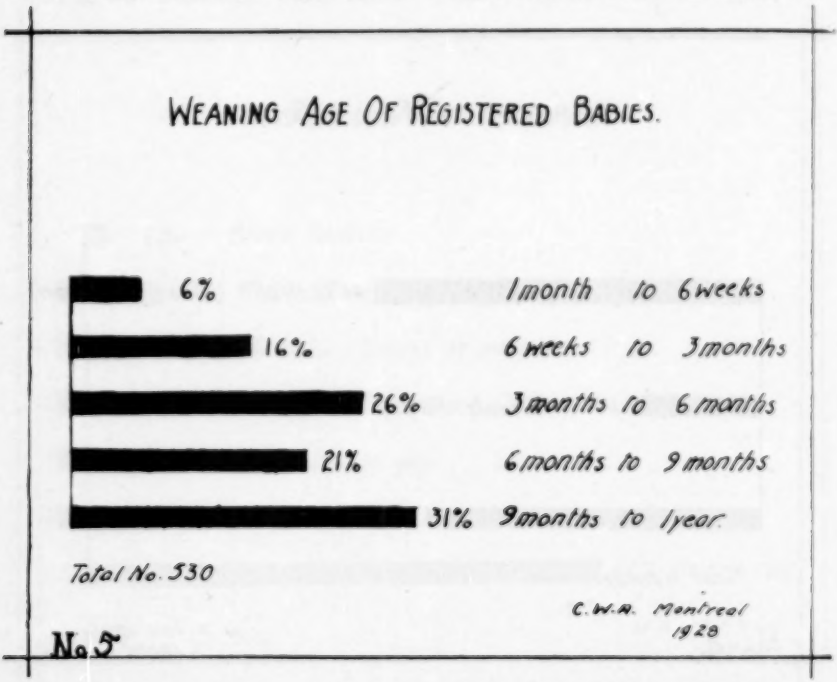


Chart V shows the age of weaning as brought about by the health centre. These infants all came to us at least partially breast fed so the responsibility must rest largely on the Association. The previous figures quoted as to the large number of mothers going to work and the large number who were below par in health certainly would necessitate early supple-

mental and complemental feeding. The conditions of modern life, including habits of living acquired by the girls many years before marriage, would indicate the early falling off in ability to nurse in spite of the care and teaching given at the health centres. No doubt the mingling of the mothers at the health centre and the apparently excellent results achieved with the bottle fed-baby have an important bearing in discouraging the important. Breast feeding, if normal, is easy and requires little effort or time on the physician's part. If difficult it requires much more effort and greater skill than devising a suitable formula. So it comes down quite largely to a matter of effort on his part and the time he can devote to urging the mother to keep on nursing. With an attendance of from thirty to ninety mothers at a conference little time can be given to any

PERCENTAGE FEEDING OF 2875 BABIES WHEN REFERRED TO THE CHILD WELFARE ASSOCIATION IN 1928

Feeding	1m	2m	3m	4m	5m	6m.	7m	8m	8m to 1yr.	1yr to 2yrs.	Total
Breast	11	64	46	41	29	39	36	31	16	3·5	54
Artificial	18	23	41	46	61	51	52	40	24	1	26
Mixed	11	13	13	13	10	9	7	19	8	2	11
General						1	5	10	52	93·5	9

C.W.A. Montreal 1928

No. 6

mother who is having a hard time to feed her baby naturally. To obviate this we established two years ago a separate clinic just for breast-fed babies. It was carefully explained to the mothers that they were on the honour roll as long as they nursed their babies, and would have to go to the general clinic when weaning was necessary. The results from this type of clinic are not at all convincing that the extra expense is justified.

The part the health centre physician takes in the weaning is very one case, so much of the teaching must be done by the nurse. As a general rule she is much more enthusiastic about breast feeding than the physician, and to her energy is due much of the success of the centre in this type of feeding. By her zeal she has frequently to make up for a lack of effort on the physician's part.

Glancing at the figures in Chart V one is struck by the fact that only approximately one-third might be termed easy breast feeding cases. These are the ones weaned after nine

months. Nearly one-half of the weaning was done between three and nine months. This period would include a large number of cases where the mothers' health failed, also a great many weaned by the mother herself following generous supplemental and complemental feedings.

Weaning during the first three months was far too general as the babies weaned before registration are not included in this group. I feel that with a larger staff and less crowded conferences many of these babies could have been kept at the breast.

Chart VI shows the feeding of the babies when they are first referred to us. These include cases referred by maternity hospitals, social agencies, private physicians and the ones who come of their own accord. It will be seen that of the infants under one month, already twenty-nine per cent. are partially or entirely artificially fed. In this number are included all those babies where breast feeding has been unsatisfactory either owing to the late arrival of breast milk or where strenuous attempts were made to bring the baby back to his birth weight in the first two weeks of life. There is also a large number where the breast milk is lessened in quantity when the mother returns home or when she starts about her usual duties in the home again. If the mother had been suitably warned of this possibility they could be helped over this difficult period without artificially feeding the baby.

The figures in Chart VI are very illuminating to show how steadily and rapidly the number of artificially-fed babies rise. At three months 41 per cent. were entirely on the bottle, and so on down the list till we come to between six and nine months old babies. These came to us to be weaned, having been looked after by the mother with little or no assistance. These are, however, but a small proportion of the total number and were well through the dangerous age as regards the saving of life.

Comparing the figures on this chart with the weaning done by our health centres one is justified in concluding that while the health centre figures have much to be desired yet they show their value as compared with the breast feeding done outside amongst this class of mother. It has always been the case that the well-to-do nurse less than those from the lower economic levels so it can be presumed that the amount of babies on artificial foods in private practice is considerably higher.

Conclusions

Modern life with its housing conditions, its fast pace and the training of the rising generation is not conducive to breast feeding.

There is less breast feeding outside the health centres than there is in them amongst the same class of mothers.

Lack of health of the mother seems to be a very important factor in her inability to nurse.

A large proportion of the weaning is done by the mother owing to her baby having been given complemental and supplemental feedings.

Too many babies are given artificial feedings at an early age before coming to the health centres. Maternity hospitals and private physicians are not free from blame for lack of proper teaching of mothers in regard to breast feeding.

The training of medical students and pediatrists must include more attention to breast feeding.

The work of the pediatrist in the Maternity Hospital must include not only the care of the child but also the education of the mother in breast feeding.

Reference: Alan Brown, Journal of Canadian Medical Association, March, 1917.

Care of Post Poliomyelitis Patients

By GLADYS E. SMILEY, Superintendent of Nurses, Provincial Special Hospital, Edmonton, Alta.

The Provincial Special Hospital, established by the Government of the Province of Alberta to treat patients suffering from the after effects of poliomyelitis, was officially opened on January 28th, 1928, with a capacity of sixty beds, fifteen of which are cots.

The building is a one and a half storey frame structure of U shape facing south. Wide verandahs are provided which are capable of holding all the beds in the wards. On January 31st the Hospital was opened for the admission of patients, and to date one hundred and thirty-three patients have been admitted.

In connection with the institution an Out-Patient Department is operated in which ninety-eight patients have been admitted for examination and seven hundred and ninety-six for treatment. Clinics are held thrice weekly, Tuesday, Thursday and Friday afternoons.

The nursing care is carried out by graduate nurses assisted by Ward Aids, these latter being an innovation as far as Edmonton is concerned, with most satisfactory results. According to public health regulations patients with poliomyelitis are considered infectious for three weeks, and are therefore treated at the Isolation Hospital or in their homes. Upon admission to this Hospital all patients are treated as bed patients, thus securing the factors most to be desired in the early after treatment: rest and prevention of deformity. This is obtained by means of Bradford frames, plaster jackets and splints, hot packs and radiant heat—these latter treatments being found most helpful in relieving muscle tenderness.

In the nursing care special attention is given to patients who are on frames and in casts or whose nutrition is poor so as to avoid pressure sores.

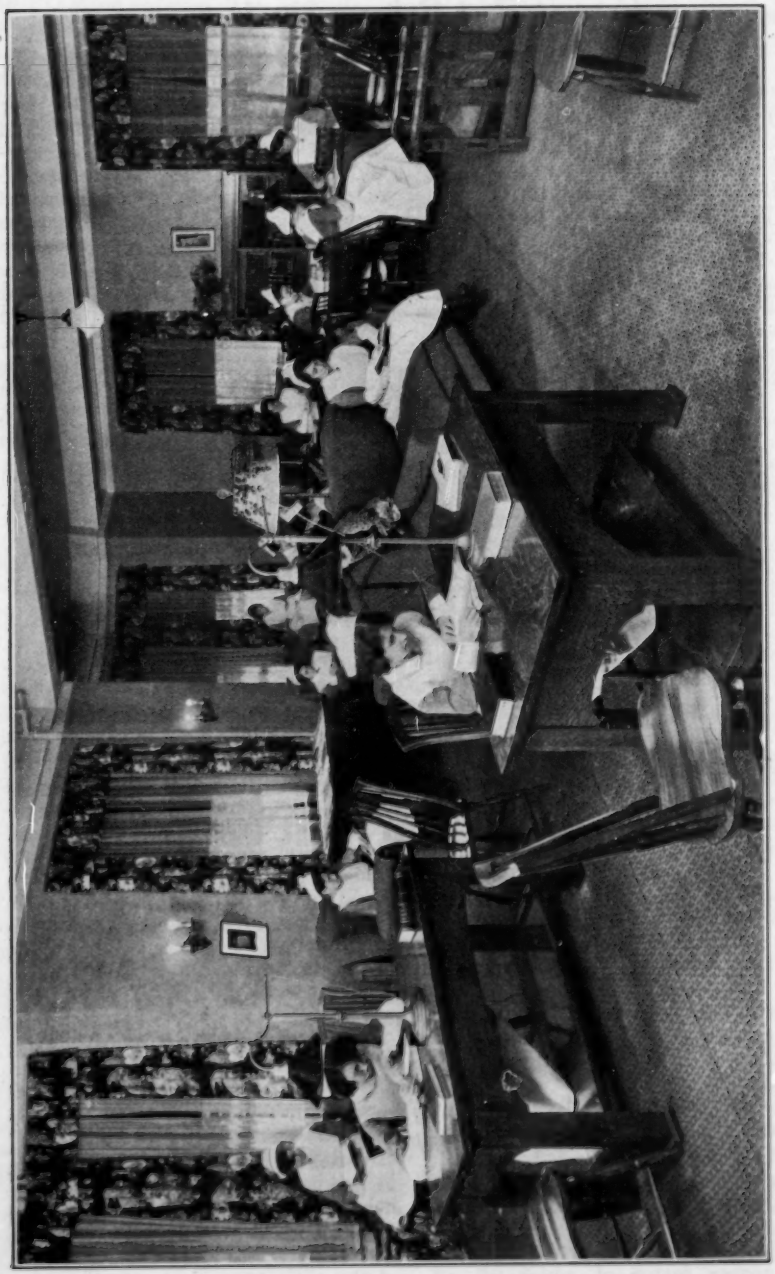
Another factor of which all advantage is taken is fresh air and sunlight—so abundant in Alberta—and daily until the weather is too severe the children spend most of their waking hours on the verandahs with as little clothing on as is necessary for comfort. The glare of the sun is overcome by use of goggles and eye shades, and the beds are covered with brown spreads.

When the muscle tenderness is gone gentle massage along with muscle re-education under the direction of the medical superintendent is begun and carried out by trained masseuses. Since the beginning eleven thousand five hundred and thirty-five treatments have been given. Complete muscle tests are made about every three months, so that the progress of the patient may be noted.

Upon discharge the patient is given the necessary instructions and requested to report back in about four months. At that time if further treatment is indicated or apparatus needs renovation, the patient is readmitted until this work is completed.

The Department of Health, while being most anxious to help these patients physically, has not overlooked the necessity of giving the children a chance to take their place in the world on recovery, and to assist in this end a full time school teacher is employed so that the children may carry on their regular school work without interruption. The patients are arranged in their beds according to their grading in school which facilitates the work of the teacher, and under such methods the pupil receives individual attention and progress is favourable.

Various organisations have shown in a practical way their desire to help the work of this Institution, and donations have been received that have added considerably to the enjoyment of the patients.



LIBRARY, WINNIPEG GENERAL HOSPITAL

The Nurses' Library, General Hospital, Winnipeg

By RACHEL NIGHTINGALE FOGARTY, Librarian

In the year 1919, Mrs. W. H. Gardner made a gift of $2,000.00 to establish a Nurses' Library in memory of her two sons, Stuart and Harry Robertson, who were killed in action in the Great War. Owing to structural difficulties it was impossible to release suitable space until 1927, when the former reception rooms in the centre section of the Nurses' Home were remodelled for this purpose and the library was opened in November of that year.

The room is quiet at all times. Soft Wilton rugs, subdued effects of golden brown woodwork and bookcases, lend themselves to peace and concentration. Well-chosen pictures on buff walls, "The Venus of Milo," "The Nike of Samothrace," and an etching of the "Nurses' Memorial at Ottawa," pretty cretonne hangings and cushions, cozy window seats, and reading lamps which create a soft and diffused light, make a most comfortable and irresistible room.

In all there are five hundred or more book; all pertaining to the nursing profession; most of them for reference only. These may not be taken from the room during library hours; others may be borrowed for a given time, and renewed at the discretion of the librarian. The majority are of recent publication and latest date. They all have been carefully chosen to cover the subject thoroughly and completely, and to be of the greatest use to instructors and students who come at all times for information on anything connected with the profession of nursing.

Special tables are assigned to magazines and nursing journals, and at a table near the door are placed notices of new books, current happenings and special events in history, as the dates occur.

For the past year, the library has also been used fortnightly for lectures by various speakers on such subjects as, "Canadian Authors," "Women in Politics," "Current Events," etc. These lectures have been tremendously enjoyed and appreciated, being most interesting and helpful.

The library is open daily from 8 a.m. to 10 p.m., with a librarian in charge.

American Nurses' Association

An Historical Sketch of the American Nurses Association, prepared by Virginia McCormick, has recently been published in attractive form.

This brief outline of the development of nursing in the United States records excellently the growth of organisation work, based chiefly on the fact that nurses early recognised the need for a national organisation which would protect and aid in developing nursing and nursing standards.

The numerous activities which have been undertaken for these purposes are concisely described, while several pages are devoted to a description of the Association as the official national organisation and its relationship to other nurse groups and to the individual nurse.

In the foreword it is explained that while the sketch has been compiled from material already at hand, "it is hoped, before many years, to prepare a comprehensive history of the American Nurses Association through the study of original documents and with the assistance of those members whose memory reaches back to the early days of nursing in the United States." The publication of the sketch augurs well for this greater enterprise.

Miss Ethel Johns

Miss Ethel Johns, recently appointed director of studies of the Committee on Nursing Organisation of the New York Hospital, is one of the best known of the Canadian nurses. Born in England and educated at Howell's School, Denbigh, North Wales, Miss Johns is a graduate of the School for Nurses, Winnipeg General Hospital, Winnipeg, Manitoba. Following graduation she spent one year of study in the Department of Nursing Education at Teachers' College, Columbia University.

MISS ETHEL JOHNS

Miss Johns held the following executive positions in Canada previous to her appointment in 1925 to the Paris office of the Rockefeller Foundation: Superintendent, McKellar General Hospital, Fort William, two years; superintendent, Children's Hospital, Winnipeg, four years; director of nursing, Vancouver General Hospital, Vancouver, three years, during which time she also was assistant professor, Department of Nursing and Health, University of British Columbia, and established the five-year degree course at this university. Miss Johns remained for five years altogether in this latter position, following which she was attached for four years to the Rockefeller Foundation. Previous to going to Paris in 1925, she made a study of the status of negro women in nursing in the United States. During Miss Johns' time in Europe she assisted with the development of nursing services in Hungary and Roumania.

While in Winnipeg Miss Johns was a member of the Manitoba Government Public Welfare Commission for four years, during which time the commission accomplished a tremendous amount of work for the development and improvement of public welfare. It has been reported that the commission valued highly the assistance rendered by Miss Johns in all its discussions, study and decisions.

Miss Johns has a very special interest in the Canadian Nurses Association as she served from 1917-1920 as secretary of the organisation, at a time before a National Office was established and an executive secretary appointed. Miss Johns has always been deeply interested in the Association and in The Canadian Nurse, to which she has contributed valuable material from time to time.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

A Gift to Nursing Education

A very wonderful gift to nursing education in Canada has been made through the generosity and interest of the late Mr. Harry Judson Crowe, of Toronto. In the will of the late Mr. Crowe is found the following statement:—

"It having fallen to my lot to spend certain periods of time as a hospital patient, I have had opportunities of noting the unselfish and invaluable service rendered by the women nurses in general public hospitals. Their duties are extremely arduous and allow them very little leisure, with the result that at the end of three years' training in their chosen profession they are often weakened physically and practically destitute of funds, and to be compelled to commence their professional work under such conditions would prevent them from doing full justice to themselves or their patients. The nature of her profession not only in saving life but in the opportunities which it affords for exerting a far-reaching influence for good, places a nurse in a position of singular importance in a community. I therefore feel that it is desirable that the nursing profession should receive greater recognition and encouragement, and with this object in view I desire that the said one other of said three shares of my residuary estate shall be held by my trustees as follows."

The bequest is to take the form of annual scholarships to the value of six hundred dollars each for an approximate period of ten years, these scholarships being awarded to a graduate from the largest public interdenominational hospital, in the largest city by way of population of each of the provinces of Canada, and also the Dominion of Newfoundland. In Ontario the Toronto General Hospital is the designated hospital, and in Nova Scotia the Victoria General Hospital of Halifax. It is further stated that this last mentioned hospital should receive each year double the number of scholarships awarded to any of the other hospitals in other provinces. This special provision was made as the city of Halifax was the native city of the late Mr. Crowe.

The object of these scholarships is to assist or enable the beneficiary selected to take a post-graduate course for one year in a Canadian university, to be chosen by the beneficiary.

While the approximate time of ten years is stated the gift may even exceed this amount, as provision is made to continue until the surplus capital or income shall be entirely exhausted.

To have these generous scholarships available for every province in Canada is like having an oft-repeated dream come true. It is impossible to ever begin to estimate the effect this generous gift will have on the development of nursing education. When we realise that in the next ten years approximately one hundred and ten nurses will have the opportunity of receiving special preparation for their special branches of work, we only begin to glimpse what this benefaction means. Already we are beginning to reap the benefit as this fall term finds these first scholarship students enrolled in the different universities of Canada.

In the opening paragraphs it was stated that the late Mr. Crowe wished the nursing profession to receive recognition and encouragement, and judging from the appreciation expressed not only by the direct beneficiaries of this year, but by all members of the nursing profession, it would seem that already this feeling of encouragement is widespread from the Atlantic to the Pacific.

Concerning Co-operation

By S. PERSIS DARRACH, Reg.N., Brandon, Man.

May I submit a few vagrant thoughts which have crystallised into a definite impression since attending a recent convention held jointly by the Manitoba Hospitals, Medical and Nurses' Associations.

The problem of adequate provision for the care of the sick and the education of the nurse continues to be an unsolved problem of perennial bloom, and must continue to be so, in the great march of progress.

But would we not arrive more quickly at certain obviously logical conclusions if a greater degree of understanding and unanimity existed between the three groups who are labouring for the care and healing of the sick, i.e., hospital trustees, doctors and nurses?

I have intentionally placed the group in this order. Hospital Boards first, because, too often, it seems, doctors and nurses are inclined to stress the professional aspect first. This is no doubt natural: we are taught to regard the patient and his welfare as our special responsibility.

But before the patient can have hospital care, or the surgeon his operating room, or the nurse her education, we must have hospitals, and we must have Boards of Trustees to erect, equip and maintain them.

Having done their best to meet estimated requirements to the utmost of their ability and resources, in a short space of time we calmly return, like Oliver Twist, asking for *more: more* equipment, *more* accommodation and *more* education. Is it to be wondered at that our requests are not always met with enthusiasm, but rather with indifference or opposition, and are we not sometimes prone to critical thoughts of "exploiting the nurse," etc., before we have patiently ascertained whether their failure to understand certain (to us) self-evident facts is not the result of our failure to adequately interpret them?

We like to think that as a profession we are actuated by altruistic motives, secondarily we gain our livelihood thereby.

Members of Hospital Boards undertake a heavy financial responsibility solely for the service of humanity, and men (or women), who are altruistic enough to voluntarily undertake service of this type will usually be found neither unable nor unwilling to understand and co-operate, to serve the best interests of the patient if we enlighten them as to the reason why certain things are required.

Illness is recognised as a community problem and an economic problem, not a professional problem. Yet how often do we insult the intelligence of the community representatives by the meagre information vouchsafed them, whereas, full confidence and an enlightened understanding would enlist their co-operation often to the fullest extent.

We must give our problems more publicity if we are to be supported by public opinion. True, it must be wise publicity.

If all nurses who graduate from our nursing schools had a greater appreciation of the effort required for the maintenance of a hospital and nursing school, they might become valuable publicists for the achievements and requirements of their alma mater. Instead, too often they assume the creditor instead of debtor attitude towards their school.

I am one of the humblest members of a Hospital Aid Society since learning that the convener of one committee was responsible for soliciting and collecting one hundred cakes per day for five days when catering at the annual exhibition. Linen purchased for the hospital at the expense of so much energy is indeed to be regarded and treated as a valuable commodity.

A vastly informed public opinion has taken the place of that existing a few years ago. Popular magazines now retail information scarcely known to the profession ten years ago, and we

must provide more than a few elementary facts if we are to be supported in our attempts to cope with scientific requirements of our day. To that end, may I urge a greater appreication of the contribution made by Hospital Boards and their potential value as one of the most important factors in advancing a cause which requires the combined wisdom and experience of all groups who are labouring in the interests of the sick.

New Medical Centre

An arrangement has been made whereby the New York Hospital and several other New York institutions will unite with the Medical School of Cornell University to form a central institution which will house not only a thousand-bed hospital offering all services, but the Medical School and the School of Nursing as well. This new centre is being built on the East River between 68th and 70th Streets, adjoining the Rockefeller Institute. The buildings will be of the "tower" type and are an interesting example of the new architecture. In connection with this project the Nurses' Alumnae Association of the New York Hospital has formed a committee from among their members. The chairman is Miss Mary Beard, of the Rockefeller Foundation, and the membership includes Dean Goodrich, of the Yale School of Nursing; Miss M. Jordan, superintendent of nurses of the New York Hospital; Miss Anna Reutinger, superintendent of St. Mary's Hospital for Children; and Miss Lydia Anderson, instructor of nurses. This committee has appointed Miss Ethel Johns director of studies, and for a two-year period she will assist in formulating plans for nursing administration and education for submission to the authorities of the new enterprise, of which Dr. Canby Robinson, dean of the Medical School of Cornell University, is the head. The committee has been fortunate in securing the following women to act in an advisory capacity: Miss Mary Roberts, editor, American Journal of Nursing; Miss Katherine Tucker, director of the National Organisation for Public Health Nursing; Miss Nina Gage, executive secretary of the National League of Nursing Education; Miss Mary Marvin, instructor in Nursing Education, Teachers' College; Dr. May Ayres Burgess, director, Committee on Grading of Nursing Schools.

This is the first time that a nurses' alumnae association has obtained the privilege of being recognised officially in a consulting capacity in the early stages of an enterprise of this character. Its president, Miss Mary Beard, and her associates are to be congratulated on the foresight and courage which has made this new departure possible, and the medical men and business administrators responsible for the project are to be commended for their broad-mindedness in granting nurses this privilege.

Scholarships Awarded

In accordance with its policy of granting scholarships for a year's work in Public Health Nursing at Canadian Universities, to a limited number of well qualified graduate nurses the Central Board of the Victorian Order of Nurses for Canada announces the following awards for 1929-30:

Miss Fern Barker, Bancroft, Ontario; Miss Lillie Clarke, Montreal, Quebec; Miss Alberta Creasor, Hamilton, Ontario; Miss Marjorie Fleming, Calgary, Alberta; Miss Miriam Michell, Elmwood, Ontario; Miss Miriam Mercer, Montreal, Quebec; Miss Laura Spearing, Brantford, Ontario; Miss Christian Shand, St. John, New Brunswick.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

County Health Unit—England

By RUBY M. HAMILTON, Director of Field Nursing, Ontario Division,
Canadian Red Cross Society

To draw a word picture of the County Health Scheme in England is rather difficult as no two counties are organised in exactly the same way.

Before attempting to describe in detail the health work of any county, it may be interesting to look back over a few of the historical events that led up to and influenced the system now in vogue.

The plague in the reign of Charles II, followed by the Great Fire in London, led to the first Housing Act, which laid down the width of streets and height of houses, but did not prevent refuse from being thrown into the streets. Unsanitary conditions continued to exist, and in the latter part of the eighteenth century, following Jenner's discovery of vaccine, which so greatly reduced the number of smallpox cases, a period of scientific and sanitary awakening began to develop. The industrial revolution produced overcrowding, and appalling conditions ensued. Organised water supplies and proper drainage were practically unknown.

In 1831 the cholera epidemic stimulated further effort to improve sanitation, and the first Board of Health was formed with local boards to investigate conditions.

In 1837 began the present system of birth and death registration, and at this period public opinion was aroused over a report which showed that women and children were employed in night work and children under nine years of age worked in factories on twelve-hour shifts.

Various Acts dealing with specific conditions were passed during these years, and in 1848 the first Public Health Act gave local authorities greater power, and a Central Board of Health was formed. Chadwick, as a member of the board, stated that money spent on sanitation would reduce poor law expenses, but the board met with strong opposition from private individuals, vested interests and political sources, and on the resignation of the members of the board, *The Times* comment was, "We prefer to take our chance of cholera and the rest, rather than be bullied into health."

It was not until 1875 that the great Public Health Act was passed, and it is still in force.

The Ministry of Health

Today the Ministry of Health is the central health authority responsible for carrying out this act.

All measures in connection with the health of the people, including prevention and cure of disease; treatment of mental and physical defects; care of the blind; research work; publication of information and statistics and the training of persons for health services become the duty of the Minister. The local authority is the County Council, and this is an independent unit within the county responsible directly to the Ministry of Health. The public health duties of the council are: Supervision of all other authorities in the county; appointment of a medical officer of health; making of bylaws and administration of: Isolation Hospital Act, Housing Act, Education Act, Maternity and Child Welfare Act, Midwives Act, Mental Deficiency Act, etc., etc.

From this, one can see the responsible position of the county medical officer of health, the care with which

(Read at the annual meeting of the Registered Nurses Association of Ontario, 1929.)

he must be chosen, the preparation he requires and the support he must be given by the public.

Warwickshire

While in England I had the privilege of seeing the county health work in Surrey, West Sussex, Warwick, Gloucester and Isle of Wight. Of these I have chosen Warwickshire as being fairly typical of county health work as it is carried on in England today. Warwickshire is situated in the Midlands, the southern part of which is a beautiful agricultural country and the northern part largely mining and industrial. It has an area of 860 square miles and a population of 370,600. The medical officer of health is also school medical officer and is responsible for the health of the entire county with the exception of the city of Birmingham, which has an independent County Borough Council. He has his headquarters in the county town of Warwick, which is centrally situated.

Staff Personnel

The medical staff consists of: 1 medical officer of health, 5 full time assistant medical officers of health, 5 part time assistant medical officers of health and 4 dental surgeons.

The health visiting staff or public health nursing staff, as the term more familiar to us, is composed of: 1 superintendent, 1 assistant superintendent and 15 health visitors.

It is rather interesting to know that Warwick was the first county in England to appoint a full-time health visitor in 1907 and that she still remains as the superintendent of Health Visitors and Inspector of Midwives.

Districts

The county is divided into fifteen districts, according to population, and one health visitor is allotted to each district. The question of transportation in a county in England presents an entirely different problem to that of a county in Ontario. Practically all roads are excellent; busses and trams connect all towns and villages, and trains run every twenty or thirty minutes. The county superintendent usually has a car and the health visitors have bicycles.

Health Visitor

The duties of the health visitor consist of general public health work of an educational nature, including infant welfare and pre-school visiting, school nursing and tuberculosis visiting, attendance at child welfare, ante-natal, tuberculosis and orthopedic clinics. It is very gratifying to the nurses of England to realise that since April 1st, 1928, all health visitors appointed for the first time are required to possess the certificate in Health Visiting approved by the Ministry. This actually means that all health visitors in future will be fully trained registered nurses, with six months' additional training in Health Visiting.

In Warwickshire no attempt is made to include bedside nursing in the general scheme of county public health work, as a voluntary organisation known as the County District Nursing Association is organised for that purpose.

The health visitors are responsible for following up the birth registrations in the entire county, with the exception of the boroughs of Nuneaton, Leamington and Sutton. In 1927, of the 4,912 births registered, first visits were made to 3,135, and with revisits to infants and pre-school children each health visitor averaged 653 visits in her infant and pre-school work. There are thirty-four infant welfare centres in the county. A health visitor attends each time the centre is open and acts as superintendent, thus insuring uniformity of management and co-ordination of the work of the voluntary committees, which play such an important part in all health and social work in England. Most of the infant welfare centres are provided and equipped by voluntary committees but must meet with the requirements of the Ministry of Health and be approved of by the medical officer of health, before they can be established or receive the

grant of 50 per cent. of cost of total maintenance from the Ministry.

The clinics are conducted in much the same way as the clinics in Canada. A doctor is in attendance and examines new arrivals, also all babies not showing a regular gain in weight. Sick babies are referred to the family physician for treatment. An attempt is made to examine some of the pre-school children but due to a limited staff and pressure of time only a few seem to find their way into the examining room.

Voluntary Workers

Voluntary workers look after the toddlers and so leave the mothers free to listen to the advice given by the doctor about the infant. Several of the infant welfare centres serve as ante-natal and school treatment clinics. Usually a room is reserved for the pre-school children, where they are allowed to play and where, under the supervision of a member of the committee, who has, if possible, had some experience in nursery schools, they acquire some idea of the early habits so essential to healthy child life. Short health talks are given to the mothers by the doctors or health visitor. These health talks frequently deal with the important subject of nutrition, as it is well known that malnutrition usually begins in infancy and has become a habit of the body before school age. It is believed that poverty has much to do with malnutrition and may be a direct cause, but more often poverty is the indirect cause as it is so frequently accompanied by ignorance, unsatisfactory home conditions and disease. Samples of children's garments are on exhibition and material for baby clothes is sometimes sold at cost price and occasionally cod liver oil, virol and different forms of dried or canned milk are also for sale, especially in very poor localities.

Midwives

The supervision of all the midwifery comes under the direction of the Medical Officer of Health. The superintendent of health visitors is the County Inspector of Midwives, and it is realised that adequate ante-natal supervision is the true preventive midwifery. Only midwives who have received their certificate from the Central Midwives Board are allowed to practise. Normal cases attending the ante-natal clinics are recommended to make arrangements for their confinement with a midwife at an early date. When any abnormality occurs the midwife must call a doctor, and within twenty-four hours send in writing a notification to the Medical Officer of Health. This notification is followed up by a visit from the inspector of midwives or one of her health visitors. The midwife looks after the mother and baby for ten days after the birth and the health visitor makes her first infant welfare visit after that date. Of 6,493 births 4,887 or 75 per cent. of all births were attended by the 200 midwives practising in the county. The maternal mortality for 1927 was 3.3 per 1,000 births. The maternal mortality for the same year in the province of Ontario was 5.72 per 1,000 births. Maintenance grants in respect to midwifery services to the amount of £1,370 were made by the County Council to the County Nursing Association and one unaffiliated association. These grants were for the purpose of benefiting motherhood, insuring greater care during delivery and improving the health of the expectant mother.

School Medical Inspection

The County Medical Officer of Health, as school medical officer, is responsible for school medical inspection. Through power given by the Education Act the system in England provides for the routine medical inspection by specially appointed school doctors of all children in attendance at school three times in their school life: at entrance, at 8 years of age and at 12 years. Mentally or physically sick children of any age between five and fourteen may also be brought

before the school medical officer any time during school life.

Sir George Newman, as Chief Medical Officer for England, states in his last annual report of the health of the school child that the school medical service in England aims to:

1. Fit the child to receive the education provided for it by the state.
2. To detect any departure from the normal health and growth, and advise the remedy.
3. To seek the causes and conditions of the defects, and, as far as possible, prevent them.
4. To teach and practise personal hygiene in every school, so that a habit of hygiene may be contracted by the children.

The health visitor arranges for all medical inspections, notifies the parents and is present at all physical examinations. She is responsible for the weight charts, and does the first testing for vision and examines the children for pediculosis, scabies, ringworm, etc. She must also attend school treatment centres for minor ailments. These centres are seldom in the school but some building adjacent to the school is equipped for this purpose. In the villages the school treatment centre is open usually one or two half-days in the week.

If there is no Care Committee the school nurse does her own follow-up visiting: 3,000 children is the maximum number that one school nurse is allowed to look after.

The school medical service includes the development of a scheme for the treatment of crippling defects. Four orthopedic clinics have been provided by voluntary committees at selected places in the county and approved by the County Council and the Ministry of Health. The real success of this orthopedic work depends upon the early discovery and treatment of defects, and especially is this true of infantile paralysis which is responsible for a large proportion of all cases of crippling. Orthopedic clinics are open to all ages, but special attention is given to pre-school and school-age children.

The question of the mentally defective and epileptic children presents much the same problem as in Canada, although more institutions for treatment seem to be available. Special classes are held in the elementary schools for the educable feeble minded, and when it is necessary to send them to a special residential school they must be sent outside the county of Warwick.

County tuberculosis work also comes under the guidance of the Medical Officer of Health. In Warwick seven dispensaries were in operation in 1928—all ages are eligible for treatment and advice. Contacts are referred for examination. There is an After Care Committee connected with each dispensary to provide financial help, give relief in the way of clothing and extra food, arrange for suitable employment and assist with care of children whose parents are in sanatoria, etc.

From these statements one can see that county health work is broad in scope if carried out with an adequate staff and equipment and proper administration.

Sir George Newman, in his last annual report on the state of the public health, says, "The improvement and perfection of the three implements of public medicine—a competent medical profession, a sanitary environment, and economic and effective public medical services is a matter of time and vigilance, of steady growth and wise amendment. In them we are building for generations to come."

PERCENTAGE OF MEMBERS OF PROVINCIAL ASSOCIATIONS WHO ARE SUBSCRIBERS TO:

The Canadian Nurse

Ontario	89.75%
Saskatchewan	66.66%
Manitoba	38.18%
New Brunswick	31.75%
Alberta	26.2%
Nova Scotia	22.33%
Prince Edward Island	13.50%
Quebec	12.17%
British Columbia	9%

Manitoba School of Social Science

The establishment of the Manitoba School of Social Science, is greatly appreciated by those who have wished for the provision of means whereby social workers could obtain a course of study on subjects relative to Social Science.

This course, established under the authority of the Department of Health and Public Welfare and the Department of Education, of Manitoba, opened on October 1st, 1929. Lectures on the following subjects will be given: Economics, Sociology, Psychology, Psychiatry, Legislation, Public Health and Principles of Case Work.

Until such time as the development of the School requires a different organisation, the courses of study necessary for a diploma will be for two years in sequence, but candidates for a diploma may take examinations at the end of any academic year subject to the provisions for attendance.

Students seeking instruction in separate courses with a view to specialisation in some field, or seeking a diploma at the completion of the courses for two years are requested in addition to satisfactory examinations to attend 75 per cent of the lectures given in the subjects for which recognition is sought.

Academic qualifications of students must be matriculation, or its equivalent, or an adequate period of social service. Arrangements will be made for qualified students wishing to attend lectures in one or more courses. Special arrangements may be made where and when practicable for nurses and others working in rural parts to receive instruction by correspondence.

Book Reviews

Nursing Mental Diseases, by Harriet Bailey, R.N., Secretary, Board of Nurse Examiners, Education Department, University of the State of New York. Second edition. Published by The Macmillan Company of Canada, Toronto, Ont. Price $2.25.

The publication of this new edition of a very useful volume is most timely, in view of the increasing interest in the care and treatment of mental disorders.

The author, who has had a wide experience as a nurse educator in this special nursing service, presents the subject in a way that not only holds the interest but makes it readily understandable.

The Psychological Introduction sets forth simply some of the laws that control human thought and conduct.

The chapters on The History of the Care of the Mentally Ill, Some Legal Aspects of Mental Disorders, and The Prevention of Mental Disease, contain much helpful information about these little known subjects.

The remaining chapters deal with symptoms and different types of mental disorders and the specific nursing care of each.

Technical terms are avoided, but a list of terms with definitions most commonly heard and used in histories, bedside clinics, etc., is appended, also a list of text and reference books.

To those engaged in the work this book will be useful as a reference.

Those interested in the subject will find it very helpful in whatever work they are engaged.—Mary L. Jacobs, Ontario Hospital, London, Ont.

Elementary Materia Medica, including Drugs and Solutions, by Walter W. Krueger, Ph.D. 278 pages, illustrated. Published by McAinsh & Co., Limited. Toronto. Price $1.75.

This work is practical in content and applicable for student nurses' use, inasmuch as the book all through is clearly and simply written. In introduction, it defines Drugs, purposes and sources, with the few necessary definitions, explanatory of the terms used in Materia Medica.

The second chapter, entitled "Historical Background of Modern Materia Medica," should prove of great interest to students, as it links up with teaching of History of Nursing. Prepared tables throughout the book are simple and easily memorized.

Chapters 7 and 8, arithmetic review and weights and measures, should help the student to a thorough understanding of each

principle developing the practical knowledge essential in a nurse.

The chapters on Preparation of Solutions, Antiseptics and Disinfectants, fill a long-felt want with the accurate and simple methods of procedure, application of rule, finishing the chapter with a set of problems sufficient to prove to the instructor whether the students have grasped the essential points in teaching; also the assigned questions gather definite information proving if the students understand Materia Medica terms.

The whole book is simple, practical, applicable, placing the subject before the students in an attractive manner, readily absorbed, and not easily forgotten.

Hitherto, Materia Medica books placed in students' hands cover much beyond, and unnecessary for student nurses in time allowed by approved curriculum.

This book appeals as being essentially a book prepared for students, as shown by simple methods and procedures taught throughout.—MARY F. BLISS, Supt. of Nurses, Guelph General Hospital.

Public Health and Hygiene, by Charles Frederick Bolduan, M.D. W. B. Saunders Company, Publishers. 1929. McAinsh & Company, Limited, Toronto, Canadian Agents. Illustrated, 304 pages. Price $2.75.

There has long been a need for just such a brief outline of public health hygiene as Dr. Bolduan has written. Apart from a few lapses into technical terms, the material is presented in a simple, accurate, yet very readable form, which should be particularly suitable for students who do not intend to specialise in this field, but who are expected to have an intelligent grasp of the subject.

The introductory historical chapter is especially commendable in that it gives a broader view of public health work and outlines the early discoveries which made a more rapid advance in knowledge possible. In a book of this size, the selection of material is inevitably difficult, and it is gratifying to note that the diseases of middle and later life and accidents have not been neglected. Compared to some of the other chapters the section dealing with epidemiology and vital statistics is perhaps disappointing, and might be confusing to the average reader, but in attempting to compress so much information into a small volume, the author has succeeded remarkably well.—DR. F. FRASER, School of Hygiene, University of Toronto.

The Nurse in Public Health, by Mary Beard. Published by Harper Bros., New York and London. 211 pages. Price $3.50.

One's first thought on reading "The Nurse in Public Health," is that the book needed to be written in order to bring the documentation on this topic up to date.

This is a book which the beginner in public health nursing should not fail to read, as it is full of information which has first been assimilated by the writer and then arranged by her in such a way as to throw salient points into high relief. A few systems of public health administration are outlined in detail, so as to give the reader a bird's-eye view of their objectives and methods. To Canadian readers the article on "Official Control in a Large City—Toronto," is of special interest.

Miss Beard has made a good point in comparing the work of public health nurses ten years or more ago and today. In the beginning she says it was the inspired efforts of individual nurses that counted; today, effectiveness depends largely on organisation and unity of purpose, with the staff conference as one means of accomplishing this.

The practical question of cost of services is not lost sight of in weighing comparative values of services to the community. This aspect of the problem is apt to be given scant consideration by writers of less extensive experience than the author. No matter how ideal a service may be, if it is too costly, in the end it defeats itself.

The author sketches public health nursing, as she saw it in France, Poland and Jugoslavia, and elaborates at considerable length an account of maternal lore in England and Denmark. This develops into an interesting brief for the midwife properly trained.

As one would expect in a treatise of this nature, a spot-light is turned on the education of the nurse, but the treatment reveals no new or challenging ideas. This same criticism might be made of the last chapter, "The Future".

It is in her philosophic observations under the heading, "The Nursing Staff," that the author scales the heights. To quote in part: "When experience has taught a nurse that in her efforts to be of assistance to another person it is her individual character alone that mars or saves a situation, she acquires a quality that can best be described by the word 'mellow'. *She has learned that only by helping people to help themselves can she serve them.* There comes to her a sense of belonging to something much bigger than herself, of having an important part in a great undertaking, and of confidence in the ultimate result of the daily routine, even though the day may have been filled with discouragement and the distress of individual tragedy.

"In their own experience the staff nurses have lived out the principle which is the root of all success in their work. They believe in the dignity and value of their daily lives, knowing that they are a part of a great constructive force which must in the end correct much that is unbearable in the relations of people to one another in our present social structure. In so far as they are able to create a similar faith in those with whom they come into intimate relations in their visits, they may be successful in bringing health to the families intrusted to them."—JEAN E. BROWNE, Director, Junior Red Cross, Canadian Red Cross Society.

News Notes

ALBERTA

The annual meeting of the Alberta Association of Registered Nurses will be held in Edmonton, November 18th and 19th, 1929.

EDMONTON: Miss M. Brown, Sarnia Hospital, Ont., has been appointed to the position of school nurse on the Edmonton school staff.

Miss A. D. Engelcke, Royal Alexandra Hospital, has been temporarily appointed to the Edmonton school staff, during the illness of Miss Robena Anderson.

MEDICINE HAT GRADUATE NURSES ASSOCIATION: The monthly meeting for October was held at the home of Mrs. Oliver. Miss Florence Smith read a most interesting paper, "Notes on the Congress," which was very much appreciated by those who had not the good fortune to attend the Congress.

Mrs. F. W. Gershaw has just returned from Ottawa.

Miss Garry is at present making a Tuberculosis Survey of this city.

Miss Hagerman is now in charge of the Child Welfare Clinic.

BRITISH COLUMBIA

The twelfth annual convention of the British Columbia Hospital Association was held in Nanaimo, Vancouver Island, on September 12th, 13th and 14th. The delegates to the meeting of the Graduate Nurses Association of British Columbia were invited as guests to the afternoon sessions held on September 13th at 2 p.m. The programme was a discussion on nursing affairs, with Miss M. F. Gray, Assistant Professor of Nursing at the University of British Columbia, as Convener in the chair.

The first paper was a very interesting one read by Miss E. Forrest, Supervisor of the Infectious Diseases Hospital, Vancouver General, on "Medical Asepsis". Miss Forrest gave a detailed description of the technique used in the infectious wards of the Vancouver General Hospital. A discussion then followed as to whether it was possible to make the technique sufficiently rigid so that all danger of cross infection would be avoided while attending patients with different communicable diseases in the same ward.

Another paper read was by Professor G. M. Weir of the University of British Columbia on "Survey Problems in Nursing Education". He discussed these problems in just three ways: the Educational, the Economic, and the Social—as he explained, he had nothing to do with the technical side of nursing problems. He pointed out that many things learned when making the survey would no doubt cancel one another, and there would have to be a very open and careful investigation of all evidence and also that an open mind would have to be maintained until all facts were in. This paper of Dr. Weir's was of intense interest to all those present on account of the present survey which is taking place throughout Canada, and Dr. Weir issued a questionnaire to all those who can assist him in this survey.

The third paper was given by Dr. A. D. Lapp, Medical Superintendent of Tranquille Sanatorium. He pointed out very forcibly the necessity of nurses in training having at least two months' intensive work during their training period in a tuberculosis sanatorium. He suggested that the sanatorium would pay the travelling expenses of the nurses to and from the sanatorium and also that they would be given the same status as they were enjoying in their training school. He stated that there was accommodation for over 150 nurses at the Tranquille Sanatorium. This proposition of Dr. Lapp's met with a great deal of discussion from the floor, as, due to the very large number of pupil nurses training in the province at the present time, it would be difficult apparently to give each of these nurses in training a two months' experience at a tuberculosis sanatorium; also other difficulties would have to be considered in order to achieve this effort so as not to upset the training school routine or interfere with the patients' treatment at the sanatorium.

The meeting closed at 4.30 and all the guests were entertained by the directors of the Nanaimo General Hospital at a reception, cars being provided by the courtesy of the Nanaimo service club members. The delegates were shown over the hospital and very hospitably entertained to tea.

The Graduate Nurses' Association of British Columbia met on Friday, September 13th, at 8.15 p.m., in St. John's Ambulance Hall, Nanaimo, Vancouver Island. Reports were read from the I.C.N. Congress by Miss Dutton, the delegate from the Association. Dr. Harvey Agnew, of Toronto, gave an address on nursing problems in small hospitals. This address was most enlightening and showed up the many problems and difficulties which the superintendent of a small hospital has to face and be able to conquer. Dr. Agnew discussed the question as to whether it is better to have small hospitals as training schools. or staffed with graduate nurses. There were many pros and cons relating to both sides of this question—some thinking that small hospitals were better managed with graduates, while others again considered that the nurse in training was the better solution of the small hospital's problems. This was a very interesting paper and called for a great deal of discussion.

Meetings of the Nursing Education, Public Health Nursing and Private Duty Nursing committees were held on September 14th at Nanaimo General Hospital, followed by afternoon tea at the invitation of Miss Boggs of the hospital staff. The meeting

closed by the nurses making a tour of inspection over the hospital, which is a very new and up-to-date structure.

There was at these meetings a good representation of the nurses of British Columbia, and the meetings were most successfully conducted, for all the nurses went away feeling that they had learned from the different speakers to whom they had the pleasure of listening.

The Vancouver Graduate Nurses Association had their first meeting of the season on September 11th at the new Nurses' Home, Miss M. Campbell in the chair. After the business of the evening was finished, Miss Turnbull gave a most interesting report on the I.C.N. Congress. Miss Dutton also spoke briefly on some of her impressions of the Congress. After a hearty vote of thanks to both speakers, the meeting adjourned to the Reception Room, where refreshments were served.

Mrs. E. D. Calhoun, former Superintendent of the Vancouver Victorian Order of Nurses, was visiting in Vancouver during August, and while she was in the city Miss Duffield, the present Superintendent of the Victorian Order in Vancouver, gave a tea in the Hotel Georgia, at which Mrs. Calhoun was enabled to meet many of her old co-workers and friends of former days. We are glad to be able to say that Mrs. Calhoun is looking very well and is enjoying her work in the States very much.

General Hospital, Vancouver: Dean Coleman of the University of British Columbia was present at the meeting of the Alumnae held on October 1st, and gave a most enjoyable talk on "Poetry and the Child".

At the business meeting which followed arrangements were made for a social evening to be held early in November.

MANITOBA

General Hospital, Winnipeg: Miss Cora Taylor (1920) has returned to Toronto, where she has joined the nursing staff, Board of Public Health. Last year, Miss Taylor attended the Public Health Course for Nurses at Bedford College for Women, London, England.

Miss S. J. Pollexfen (1917), has returned to Winnipeg after spending the summer months visiting in England. Our sympathy is extended to Miss Pollexfen on the death of her father in London, England.

Misses Gugin and Miller (1929) relieved on the staff of the Social Service Department of the Hospital during the summer months.

Miss Kate Findlay (1914), of Kaleden, B.C., has returned from a most enjoyable holiday spent in Honolulu.

Miss Ray (1924) has accepted the position as supervisor of the medical wards in the Hospital.

Miss K. Oliver (1917), of New York, and Miss Crummy (1917), of California, visited in Winnipeg during September.

Miss M. Montgomery (1907), Lady Superintendent of Qu'Appelle Sanatorium, has accepted a similar position at the recently-built sanatorium, Prince Albert, Sask.

Miss Isabel Mortimer (1916), of Mexico, is taking Miss Montgomery's place at Qu'Appelle.

Mrs. Holly (1906) is at present a patient in the Hospital.

NEW BRUNSWICK

Chipman Memorial Hospital, St. Stephen: Miss Estella Murphy is a patient in the Hospital recovering from a surgical operation.

Miss Jennie Sinclair has resigned her position as Night Supervisor, and is now in Cleveland, Ohio, taking a course in Anaesthesia.

Miss Bessie Bamfill, after one year's absence in Labrador, has returned to the Hospital as Night Supervisor.

Misses E. Murphy, M. McMullen, and Grace Moffat, Superintendent of the Hospital, attended the International Council of Nurses' Congress in Montreal.

Miss Darker, Operating Room Supervisor, has a two months' leave of absence. Her position is being filled by Miss Bavis.

Misses Eileen O'Brien and Estelle Gibbon have gone to Terrington, Conn., to do institutional work.

Much sympathy is extended to Miss Irene Sherrard in the death of her little niece.

NOVA SCOTIA

St. Martha's Hospital, Antigonish: The Commencement Exercises of the School of Nursing took place on September 24, at the Celtic Hall, Antigonish. The auditorium was tastefully decorated in the class colours of blue and white, which blended pleasingly with the arrangements of flowers.

Rev. Lewis MacLellan, pastor of St. Ninian's Cathedral, presided. His Lordship, Right Reverend Bishop Morrison, of Antigonish, conferred the diplomas and gave a soul-stirring address to the graduates. Mrs. J. H. Stewart and Mrs. J. H. Bonner, of Antigonish, presented the class pins.

The members of the class were: Marie E. Abbott, Catherine F. MacDonald, Stella K. MacDonald, Martha B. Fougere, Frances E. King, Julia H. Cameron, Bessie E. MacIntosh, Helen H. Sutherland, Opal Forrestal, Margaret E. Macleod, Margaret Fougere, Mary U. Boyle.

Rev. E. Lockhart, pastor of Saint James' United Church, gave a splendid address replete with good practical advice to the graduates, after which the class solemnly pronounced the Nightingale pledge.

Miss Stella K. MacDonald opened the function with a few well-chosen words of welcome to the large crowd who were gathered to do them honour, which was followed by a song of welcome from the student nurses. Miss Anita MacDonald read a very fine essay on Nursing Ideals. Miss Mary U. Boyle closed this enjoyable programme by a touching and well-worded valedictory, after which the audience sang the National Anthem.

The Hospital tendered a banquet to the graduates and student nurses. The students' dining hall presented a pleasing picture, as it was daintily decorated with the class colours and a profusion of flowers.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in October, 1929, were 1,235. Eighteen less than in September, 1929.

Appointments

Miss Ella Watts (Victoria Hospital, London, and Post Graduate of University of Western Ontario, London, Ont.), as Instructor of Nurses, Public General Hospital, Chatham, Ont.

Miss Helen Brown (General Hospital, St. Catharines, 1927), as Instructor of Nurses, General Hospital, St. Catharines.

Miss Jeannette Hastie (General Hospital, St. Catharines, 1927), as Night Supervisor at the Owen Sound Hospital.

Miss Jean MacPherson (Grant MacDonald Training School, Toronto, 1928), as Instructor of Nurses in Alma Mater.

Miss Katherine Murchison (Grant MacDonald Training School, Toronto), as Instructor of Nurses, Sherbrooke Hospital, Sherbrooke, P.Q.

Miss Meta Clubine (Toronto General Hospital, 1914), has a position in the Training School Office of the Toronto General Hospital.

Miss Robson (Toronto General Hospital), who for many years was in charge of the T. Eaton Co. Welfare Department, has left to take a position on the staff of nurses, Royal York Hotel, Toronto.

Miss Mary Ackland (Hospital for Sick Children, Toronto, 1927), as second assistant in the Training School office.

Miss Lottie Muir (Hospital for Sick Children, Toronto, 1927), on the Public Health Nursing Staff at Woodstock, Ont.

Miss Jean Morrison (Hospital for Sick Children, Toronto, 1927), as supervisor of the Boys' Surgical Ward, Hospital for Sick Children.

Miss Winnifred Hudson (Hospital for Sick Children, Toronto, 1927), in charge of the Infant Ward, Hospital for Sick Children.

Misses Guida Burton and Elizabeth Riddell (Hospital for Sick Children, 1928), as Surgical Instructor and Supervisor of Girls' Surgical Ward, Hospital for Sick Children, respectively.

Miss Cecilia Fitzpatrick (Hospital for Sick Children, 1928), as assistant in the Operating Room, Hospital for Sick Children.

Miss Helen Howe (Hospital for Sick Children, 1926), as supervisor of the Operating Rooms, Hospital for Sick Children.

District 1

There was a large attendance at the fall meeting of District No. 1, held at Chatham, Ont., September 14th, 1929.

Reports of the I.C.N. Congress were presented by Misses Jacobs, Parrott and P. Campbell. Informative technical papers were given by Dr. Chalk, London, and Dr. C. B. Oliver, Chatham. Miss Teasdale, London, presented a paper on the Education of Crippled Children in the Hospital, showing how their school work is maintained.

The visiting nurses were entertained at tea following the meeting by the St. Joseph's and Public General Hospital Alumnaes.

Public General Hospital, Chatham: Miss Tinney, president, gave her home for the September meeting of the Alumnae, at which Miss A. Coll gave an interesting report on the International Council of Nurses' Congress in Montreal.

Miss Dorothy Thomas, has resigned her position as Instructor of Nurses in the Training School, and has left to spend the winter in Arizona. On September 27, Miss Thomas was the guest of honour at a delightfully arranged party at the Nurses Residence, and was presented with very beautiful sterling silver toilet articles, the gift of the staff and student nurses.

Victoria Hospital, London: Miss Belva I. Finlay, who has spent the past two years on the Victorian Order Staff, Brantford, has resigned and is taking the Public Health course for nurses, at University of Western Ontario, she having received the hospital auxiliary scholarship.

District 2

General Hospital, Brantford: Miss M. McCormick has resumed her duties after spending her vacation in Dunnville and Toronto.

Miss W. Chute has resumed her duties after spending an enjoyable vacation at Norway Bay, Quebec.

Miss M. Zimmerman relieved during the summer months in the operating room, and Miss E. Mann relieved during September in the surgical department.

Miss H. D. Muir is spending her vacation in Burlington and Toronto. Following her vacation she is taking a month's course at the Toronto General Hospital in surgical technique before resuming her duties as operating room supervisor.

Miss D. Arnold has returned after spending an enjoyable vacation in Toronto and Port Dover.

District 4

General Hospital, St. Catharines: The annual Alumnae meeting and election of officers of the Mack Training School was held at the Leonard Nurses' Residence on Wednesday, September 4th, 1929.

Officers elected were: Honorary president, Miss A. Wright, superintendent of the Hospital; president, Mrs. Charles Hesburn, 54 George Street; first vice-president, Miss E. Locke, Port Weller; second vice-president, Mrs. Frank Newman, 28 Chestnut Street; secretary-treasurer, Mrs. Morris Wilson, Martindale; assistant secretary-treasurer, Miss Helen Brown, General Hospital; "The Canadian Nurse" representative, Miss D. Colvin, Port Dalhousie; "The Canadian Nurse" subscriptions and press correspondent, Miss Mary Thomas, Port Weller; social committee, convener, Misses Kennedy, A.

Handley, Joyes and Mrs. Parnell; programme committee, convener, Misses Marriott, Moyes, Brown and Mrs. Dunn; A.A. and R.N.A.O. representative, Miss Brown.

Miss Esther Hanna (1926), resigned her position as night supervisor to take a course in Public Health for Nurses at the University of Toronto.

Miss A. Johnston (1927), succeeded Miss Hanna as night supervisor.

Miss Gladys Ridge (1926), is doing general duty in Vancouver General Hospital.

DISTRICT 5

GRANT MACDONALD TRAINING SCHOOL, TORONTO: Mrs. Caroline Ash was awarded the Alumnae Scholarship and is attending the course for Teachers in Nursing, University of Toronto.

Miss Jean MacPherson, Alumnae Scholarship award for 1928, has been appointed Instructor of Nurses of the School. Miss MacPherson attended the course for Teachers in Nursing, University of Toronto, 1928-1929, and Miss Katherine Murchison, who attended the same course, has become Instructor of Nurses, Sherbrooke Hospital, Sherbrooke, P.Q.

At a garden party, held in the Hospital grounds, in the late summer, under the auspices of the Alumnae, the sum of three hundred and ninety-two dollars was realised.

GENERAL HOSPITAL, TORONTO. Miss Ethel Cryderman (1916), who is one of the District Supervisors in the Victorian Order of Nurses, was in Toronto during September.

Miss Alice Hunter (1928), has resumed her duties on Ward A, after a long illness.

Miss Rae Shipman (1921), has left the Red Cross Out-Post at Englehart, Ont., and has gone to New York to do special duty nursing.

We wish to acknowledge some very interesting letters lately received from some Toronto General Hospital nurses in foreign fields. Space does not permit publishing the letters in full, but some of the extracts may prove enlightening and interesting. The letters will be read in detail at an Alumnae meeting.

Mrs. Norman Found (Helen Cass, 1921), writes from Seoul, Korea. She is on a committee to organise three health centres, and states that they have a nurse in Toronto now taking the Public Health Course at the University. So even with her family of four children, Mrs. Found has time to help in the nursing field.

Miss Annie Edgar (1917), is in charge of a small mission hospital at Palampur, Punjab, India. "So far this year we have had over seventy in-patients and nearly six thousand out-patients. The doctor comes once a week for operations, and to help with other work. One in-patient is a maternity case. She is one of three wives, two of whom were pregnant and have osteo-malacia. Her name is Kup Kumari. She was in hospital two months last year suffering from pelvic inflammation. She had been in labour and the village mid-wife was called to attend. Delivery was delayed so the mid-wife performed a craniotomy, using a nail as her perforator. No wonder Kup Kumari was ill for a long time afterwards!"

Mrs. Handley Stockley (Jean Menzies, 1922), writes from the Jenkens Roberston Memorial Hospital, English Baptist Mission, Sianfu, Shensi, China. "Our hospital is a hundred bed one, and has one ward devoted to women and four to men. As I think of the Toronto General, I feel we lack much—but we heal the sick and give the blind sight, and if a man or woman has lost their legs we provide wooden ones made by the local carpenter. And we have difficulties that those at home would never dream of. Every drug, and we are always sending down for parcels such as Aolan, 914, Tetanus antitoxin, etc., when it arrives has to have 10% tax paid on it for the privilege of receiving it. Then, too, we are six days' journey from rail head, and the freight coming through from one province to another has at times been charged almost 100% tax. This is for the privilege of carrying on medical work here." Also, "Miss Coral Brodie is in Tsinan, we worked together in Honan for nearly a year. One summer, we had the pleasure of a visit from Miss Viola Cardwell (1921), from Korea. Then too, I met Miss Cora Kilborn in Pekin; she is now back in Szechewan."

These nurses have all said how much they enjoy the articles in "The Canadian Nurse," but what they are most interested in are the news items, so please send in news, either direct to the magazine, or to the Alumnae Executive.

DISTRICT 5

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Gene Clark (1918) is taking the Public Health course at the University of Toronto this year.

Misses Mariam Fryer and Una Ross (1929) have been awarded scholarships for their year and are taking the Teaching and Administration course at the University of Toronto.

Miss Doris Bailey (1929) has been awarded the scholarship for Operating Room Proficiency, and is taking a post-graduate course at the Montreal General Hospital.

Misses Audry Nelles and Muriel Bazin, student nurses, attended the International Congress at Montreal.

Miss Lorraine Morrison (1924), who has been in charge of "The Cradle" at Evanston, Ill., has resigned to take the Public Health course at the University of Toronto this year.

Miss Cecilia Fitzpatrick (1928) is assistant in Operating Room, following three months' post-graduate work in Montreal General Hospital.

Miss Helen Howe (1926), has accepted the position of supervisor of the Operating Rooms succeeding Miss Mary Shaffner (Toronto General Hospital), who has held that responsible position most efficiently for six and a half years.

Misses Guida Burton and Elizabeth Riddell (1928) successfully completed the Administra-

tion and Teaching course at the University of Toronto, and have joined the Hospital for Sick Children staff, Miss Burton as Surgical Instructor and Miss Riddell in charge of Girls' Surgical Ward.

The sincere sympathy of the Alumnae is extended to Miss Potts, our former superintendent in the recent loss of her mother; also to Dr. and Mrs. H. A. Dixon (Dorothy Crossland, 1929), in the loss of their son, John David.

DISTRICT 10

McKELLAR-GENERAL HOSPITAL, FORT WILLIAM: Miss Pearl L. Morrison, R.N., F.B.C.N., for the past six years superintendent of the Hospital, has resigned to accept a similar position in the Sibley Memorial Hospital, Washington, D.C., and leaves shortly to take up her new duties. Miss Morrison was the recipient of many lovely parting gifts including those from the board, doctors, staff and pupils, District No. 10, R.N.A.O., and American Beauty roses from the Alumnae. Miss Morrison will be succeeded by Miss Barbara Bell, R.N., M.B.C.N., who has been her assistant since 1923.

Miss Martha Racey (1928), who this year graduated in Teaching in Schools of Nursing at McGill University has been appointed Instructor of Nurses.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Miss D. McLaughlin (1929), has accepted a position on the staff of the Laurentian Sanatorium, at Ste. Agathe des Monts.

Miss M. Clarke (1928), has enrolled for the Public Health Course at McGill University this year.

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: Miss Jessie Smith has resumed her duties on the staff of the Hospital.

BIRTHS AND MARRIAGES

BIRTHS

ADAMS—On September 1st, 1929, to Rev. and Mrs. William Adams (Jeannette Griffiths, St. Catharines General Hospital, 1924), a daughter (Luella Jeannette).

BATSTONE—On March 15th, 1929, at Luchow, Szechewan, China, to Mr. and Mrs. Batstone (Constance Perry, Toronto General Hospital, 1923), a daughter (Beryl).

BONHAM—On October 7th, 1929, at Winnipeg, to Mr. and Mrs. Bonham (Julia Swanson, Winnipeg General Hospital, 1928), a son.

CARR—On September 25th, 1929, at Laura, Sask., to Mr. and Mrs. Cecil Carr (Mamie Onken, Saskatoon City Hospital, 1927), a son.

HIRONS—On October 1st, 1929, at Saskatoon, to Mr. and Mrs. Arthur Hirons (Dorothy Smith, Saskatoon City Hospital, 1925), a son (stillborn).

McCRIMMON—On October 1st, 1929, at Toronto, to Mr. and Mrs. McCrimmon (Marion McClennan, Toronto General Hospital, 1922), a son.

NOXEN—On August 31st, 1929, at Toronto, to Mr. and Mrs. Noxen (Nora Parks, Toronto General Hospital, 1922), a son.

SMITH—Recently, at Lucknow, Ont., to Mr. and Mrs. Reginald Smith (Edna Fletcher, Toronto General Hospital, 1915), a son (stillborn).

STEWART—On September 11th, 1929, at Saskatoon, to Mr. and Mrs. Alex. Stewart (Viola Mears, Saskatoon City Hospital, 1926), a daughter.

WIGGINS—Recently, at Montreal, to Dr. and Mrs. R. Wiggins (Children's Memorial Hospital, 1923), a son.

MARRIAGES

BRADLEY—WILLIAMS—On July 29, 1929, Eva Williams (Hospital for Sick Children, Toronto, 1924) to Robert Bradley.

BUSHNELL—SHACKLETON — On June 26, 1929, Mildred Shackleton (Hospital for Sick Children, Toronto, 1921) to Paul Palmer Bushnell.

CRAIG—COVENTRY—On October 4th, 1929, at Winnipeg, Man., M. Coventry (Winnipeg General Hospital, 1926), to Mr. Craig.

DICKSON—SHEDRICK—On August 17th, 1929, at Magog, P.Q., Minnie Shedrick (Children's Memorial Hospital, 1923), to Clifford Dickson. At home, Verdun, P.Q.

HENTELEFF—AXELRODE—On September 7th, 1929, at Winnipeg, Man., Lillian Axelrode (Winnipeg General Hospital, 1928), to Harry Henteleff, of Winnipeg.

JOHNSEN—PARTINGTON—On September 3rd, 1929, at Three Rivers, P.Q., Mary Partington (Jeffrey Hale's Hospital, Quebec, 1925), to Godfrey Johnsen. At home, La Tuque, P.Q.

KIER—SWANSON—On September 12th, 1929, at Banff, Alta., Frances Swanson Vancouver General Hospital, 1927), to A. Kier, of Calgary, Alta.

LARKIN—CUMMINGS — On September 30th, 1929, at Calgary, Alta., Edith Cummings (Winnipeg General Hospital, 1927), to Allen Larkin. At home, Blairmore, Alta.

MATHERS—GOULDING—On September 28th, 1929, in Switzerland, G. Goulding (Winnipeg General Hospital, 1918), to Dr. A. T. Mathers, of Winnipeg.

MITCHELL—BLACK—On September 14th 1929, at Montreal, Hazel Black (Children's Memorial Hospital, 1928), to William Mitchell. At home, Outremont.

OSBORNE—HUMMELL — On September 18th, 1929, at Chesterville, Ont., Fiedella Hummell (Children's Memorial Hospital, 1927), to Charles John Osborne. At home, Notre Dame de Grace, P.Q.

POWELL—NELSON—On August 8th, 1929, at Winnipeg, Man., Emma Nelson (Winnipeg General Hospital, 1927), to A. C. Powell. At home, Winnipeg.

ROACH—BUSH—On September 11th, 1929, at Ottawa, Hilda F. G. Bush (Children's Memorial Hospital, 1924), to Rev. Cecil H. Roach. At home, Ottawa.

RUSSELL—GRIFFIN—Recently in Toronto, Jean Griffin (Hospital for Sick Children, Toronto, 1924) to Alex. Russell.

SHAW—CRISP—On September, 28th, 1929, Anne Crisp (Vancouver General Hospital, 1925), to Donald B. Shaw, of Toronto, Ont.

SNODGRASS — MILES — On September 27th, 1929, at Saint John, N.B., Bessie C. Miles (General Public Hospital, Saint John, N.B.), to Aubrey T. Snodgrass, of Fairville, N.B.

STERLING — PASSMORE — On August 24th, 1929, at Toronto, Jennie Passmore (Toronto General Hospital, 1921), to Dr. Lloyd Sterling.

The J. F. HARTZ CO.
LIMITED
Nurses, Physicians and Hospital
SUPPLIES
Adelaide 0205 TORONTO
Lancaster 7149 MONTREAL

TO SUBSCRIBERS

If you have recently received notice of expiry of subscription, kindly renew promptly in order that there will be no delay in monthly copy reaching you.

WANTED—Young women, over twenty-five years of age, who are registered graduate nurses, and especially those who have taken a Public Health Course in a recognised College or University, preferably those who have also had practical experience with organisations doing Public Health Nursing, are needed to fill positions in our districts.

Positions afford ample opportunities for the right nurses. In addition, the Company offers certain perquisites, such as Health Insurance at a very nominal rate, free life insurance, periodic health examinations.

Apply by letter, giving full details as to education and experience. Address:

MISS ALICE AHEARN, Assistant Superintendent of Nursing,
Metropolitan Life Insurance Company, 180 Wellington St., Ottawa, Ont., Canada.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

School for Graduate Nurses

McGILL UNIVERSITY

Session 1929-1930

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing
Supervision in Schools of Nursing
Administration in Schools of Nursing
Public Health Nursing
Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

"PARAGON BRAND" Surgical Dressings

ABSORBENT GAUZES
BANDAGES
CHEESECLOTHS
DALMAPLAST
(Adhesive Plasters)
ABSORBENT COTTON
SANITARY TOWELS
MATERNITY PADS

SMITH & NEPHEW, LTD.

468 St. Paul St. W.

MONTREAL - - P. Que.

REGISTRATION OF NURSES
PROVINCE OF ONTARIO

Examination Announcement

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg. N., Parliament Buildings, Toronto No candidate will be considered for examination unless the completed application form accompanied by the examination fee of $5.00, is received by the Inspector, before November 10th, 1929.

Signed—

A. M. MUNN, Reg.N.,
Inspector of Training Schools

NURSES—Floor Duty Nurse wanted at the University Hospital, Ann Arbor, Michigan. Salary $90 per month with full maintenance. Applicants must be eligible for registration in Michigan. For further information write Director of Nursing, stating qualifications and experience.

WANTED—Registered Nurses for general duty in two hundred and fifty bed Tuberculosis Sanatorium. Salary seventy-five dollars per month, with full maintenance. For further particulars apply to: M. L. Buchanan, Matron, Laurentian Sanatorium, St. Agathe des Monts, P.Q.

MONTREAL FLORISTS
Specialising in Prompt Deliveries
MARGARET M. TAYLOR
1426 Stanley Street, Montreal
(Above St. Catherines)
Tel., Uptown 0303 - 0094

OUR ADVERTISERS

Our readers can help The Canadian Nurse by dealing as far as possible with advertisers in the journal. Only the most reliable firms are accepted by the management.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary... Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President.....Miss M. F. Hersey, Royal Victoria Hospital, Montreal, P.Q.
First Vice-President....Miss K. W. Ellis, Vancouver General Hospital, Vancouver, B.C.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss E. Hurley, University of Montreal, Montreal, P.Q.
Honorary Treasurer.....Miss R. Simpson, Dept. of Health, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss Elizabeth Clark, Dept. of Public Health, Parliament Buildings, Edmonton.

British Columbia: 1 Miss K. W. Ellis, General Hospital, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia; 3 Miss E. Breeze, 4662 Angus Ave., Vancouver; 4 Miss O. V. Cotsworth, 1135 12th Ave. W., Vancouver.

Manitoba: 1 Miss A. E. Wells, Provincial Health Department, Parliament Buildings, Winnipeg; 2 Miss Jessie Grant, General Hospital, Winnipeg; 3 Miss Emily Parker, Carlyle Apts., 580 Broadway, Winnipeg; 4 Miss T. O'Rourke, 753 Wolseley Ave., Winnipeg.

Nova Scotia: 1 Miss Catherine M. Graham, 17 North St., Halifax; 2 Miss Mary F. Campbell, 344 Gottingen St., Halifax; 3 Miss M. J. Hayden, 514 Le Marchant St., Halifax; 4 Miss Moya MacDonald, 111 South Park St., Halifax.

New Brunswick: 1 Miss A. J. MacMaster, City Hospital, Moncton; 2 Miss Margaret Murdoch, General Public Hospital, St. John; 3 Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: 1 Miss E. Muriel McKee, General Hospital, Brantford; 2 Miss Grace M. Fairley, Victoria Hospital, London; 3 Miss Ethel Cryderman, Jackson Bldg., Ottawa; 4 Miss Isabel MacIntosh, 353 Bay St. S., Hamilton.

Prince Edward Island: 1 Mrs. Arthur Allen, Summerside; 2 Sister Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown; 4 Miss Millie Gamble, 51 Ambrose Street, Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss E. Sharpe, Royal Victoria Hospital, Montreal; 3 Miss Isabel Manson, V.O.N., Bishop Street, Montreal; 4 Miss Christina Watling, 1480 Chomedy St., Montreal.

Saskatchewan: 1 Miss R. M. Simpson, Dept. of Public Health, Parliament Buildings, Regina; 2 Sister Raphael, Providence Hospital, Moose Jaw; 3 Miss Elizabeth Smith, Normal School, Moose Jaw; 4 Miss C. M. Munro, Coronation Court, Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Public Health**: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Private Duty**: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q.

Executive Secretary.....Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Vice-Chairman: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Treasurer**: Miss F. L. Reed, 511 Boyd Bldg., Winnipeg, Man. **Secretary**: Miss Elizabeth Pearston, Winnipeg General Hospital, Winnipeg, Man.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia**: Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba**: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg. **New Brunswick**: Miss Margaret Murdoch, General Public Hospital, St. John. **Nova Scotia**: Miss Mary F. Campbell, 344 Gottingen Street, Halifax. **Ontario**: Miss G. M. Fairley, Victoria Hospital, London. **Prince Edward Island**: Sister Ste. Faustina, Charlottetown Hospital, Charlottetown. **Quebec**: Miss Ethel Sharpe, Royal Victoria Hospital, Montreal. **Saskatchewan**: Sister Raphael, Providence Hospital, Moose Jaw.

Convener of Publications: Miss C. Macleod, General Hospital, Brandon, Man.

PRIVATE DUTY SECTION

Chairman: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q. **Vice-Chairman**: Miss Clara Brown, 16 Chicora St., Toronto, Ont. **Secretary-Treasurer**: Miss Frances Sutherland, 5971 Sherbrooke St West, Montreal, P.Q.

Councillors.—Alberta: **British Columbia**: Miss O. V. Cotsworth, 1135 12th Avenue W., Vancouver, B.C. **Manitoba**: Miss T. O'Rourke, 753 Wolseley Ave., Winnipeg, Man. **New Brunswick**: Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B. **Nova Scotia**: Miss Moya MacDonald, 111 South Park St., Halifax, N.S. **Ontario**: Miss Isabel MacIntosh, 353 Bay St., S. Hamilton, Ont. **Prince Edward Island**: Miss M. R. Gamble, 51 Ambrose St., Charlottetown, P.E.I. **Quebec**: Miss C. M. Watling, 1480 Chomedy St., Montreal, Que. **Saskatchewan**: Miss C. M. Munro, Coronation Court, Saskatoon, Sask.

Convener of Publications: Miss T. O'Rourke, 753 Wolseley Ave., Winnipeg, Man

PUBLIC HEALTH SECTION

Chairman: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Vice-Chairman**: Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont. **Secretary-Treasurer**: Miss Esther M. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss Elizabeth Breeze, 4662 Angus Ave., Vancouver. **Manitoba**: Miss Emily Parker, Carlyle Apts., 580 Broadway, Winnipeg. **Nova Scotia**: Miss M. J. Hayden, 514 Le Marchant St., Halifax. **New Brunswick**: Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John. **Ontario**: Miss E. Cryderman, Jackson Bldg., Ottawa. **Prince Edward Island**: Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown. **Quebec**: Miss Isabel Manson, V.O.N., Bishop St., Montreal. **Saskatchewan**: Miss Elizabeth Smith, Normal School, Moose Jaw.

Convener of Publications: Miss Mary Millman, Department of Public Health, Toronto, Ont.

ALBERTA ASS'N OF REGISTERED NURSES

President, Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Ethel S. Fenwick, University Hospital, Edmonton; Second Vice-President, Miss Sadie Macdonald, Calgary General Hospital, Calgary; Registrar and Secretary-Treasurer, Miss Elizabeth Clark, Parliament Buildings, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss Elizabeth Clark, Department of Public Health, Parliament Buildings, Edmonton.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss K. W. Ellis, R.N., General Hospital, Vancouver; 1st Vice-President, Miss M. P. Campbell, R.N., 1625 10th Ave. W., Vancouver; 2nd Vice-President, Miss M. Mirfield, R.N., 1180 15th Ave. W., Vancouver; Registrar, Miss H. Randal, R.N., 125 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., St. Paul's Hospital, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., Dept. of Nursing and Health, University of B.C., Vancouver; Public Health, Miss E. Breese, R.N., 4662 Angus Ave., Vancouver; Private Duty, Miss O. Cotsworth, R.N., 1135 12th Ave. W., Vancouver; Councillors, Misses L. Boggs, R.N., M. Ewart, R.N., M. Franks, R.N., M. E. Stewart, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Miss A. E. Wells, Prov. Health Dept., Parliament Bldgs, Winnipeg; First Vice-President, Miss C. Macleod, General Hospital, Brandon; Second Vice-President, Miss E. Gilroy, 674 Arlington St., Winnipeg; Third Vice-President, Sister Mead, St. Boniface Hospital, St. Boniface; Recording Secretary, Miss D. Street, Provincial Health Dept., Winnipeg; Corresponding Secretary, Miss E. Carruthers, 753 Wolseley Ave., Winnipeg; Treasurer, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Conveners of Sections, Nursing Education, Miss J. Grant; Public Health, Miss E. Parker; Private Duty, Miss T. O'Rourke.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Mabel McMullin, St. Stephen; Second Vice-President, Miss Florence Coleman, County Hospital, East Saint John; Hon. Secretary, Mrs. W. S. Jones, Albert, N.B.; Council Members: Saint John, Misses E. J. Mitchell, Margaret Murdoch, S. Brophy, H. S. Dykeman and Sister Camillus; St. Stephen, Miss Myrtle Dunbar; Fredericton, Miss G. M. Murray; Moncton, Misses Myrtle Kay and Roberta Gunn; Bathurst, Miss M. Edith Stewart; Woodstock, Miss Elsie Tulloch; Conveners of Sections: Nursing Education, Miss Margaret Murdoch, General Public Hospital, Saint John; Public Health, Miss H. S. Dykeman, Health Centre, Saint John; Private Duty, Miss Murtle Kay, 21 Austin St., Moncton; "The Canadian Nurse," Miss Lyla Gregory, 68 Lancaster Ave., West Saint John; Constitution and By-Laws Committee, Miss Sarah E. Brophy, Fairville, N.B.; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte Street, West Saint John.

REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss C. M. Graham, Camp Hill Hospital, Halifax; First Vice-President, Miss A. E. Fenton, Dalhousie Health Clinic, Halifax; Second Vice-President, Miss Edna Hurst, Canso; Third Vice-President, Miss I. B. Andrews, City Hospital, Sydney; Recording Secretary, Miss L. G. Hall, 244 Gottingen St., Halifax; Treasurer and Asst. Secretary, Miss L. F. Fraser, Eastern Trust Bldg., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 31 Claremont St., Toronto; Second Vice-President, Miss Marion May, Ottawa Civic Hospital, Ottawa; Secretary-Treasurer, Miss Matilda Fitzgerald, Apt. 29, 917 St. Clair Ave. W., Toronto.

District No. 1: Chairman, Miss Hilda Stuart, Victoria Hospital, London; Secretary-Treasurer, Miss Mabel R. Hoy, 8 Eldorado Apts., Windsor. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Miss Alice Vernon, 72 Howland Ave., Toronto. District No. 6: Chairman, Miss Fanny Dixon, 538 Harvey St., Peterboro; Secretary-Treasurer, Miss Lillian Simons, 311 Rubidge St., Peterboro. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Marjorie Evans, 103 Gore St., Kingston; District No. 8: Chairman, Miss Gertrude Garvin, Strathcona Hospital, Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Margaret Kennedy, Box 233, Sturgeon Falls; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay; District No. 10: Chairman, Miss Jane Hogarth, 118 N. John St., Fort William; Secretary-Treasurer, Miss Rena Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips, and M. F. Hersey; President, Miss M. K. Holt, Montreal General Hospital; Vice-President (French), Sister Allard, Hotel Dieu de St. Joseph, Montreal; Vice-President (English), Miss C. V. Barrett, R.V. Montreal Maternity Hospital; Recording Secretary, Miss Grace Martin, Royal Victoria Hospital, Montreal; Treasurer, Miss O. V. Lilly, R.V. Montreal Maternity Hospital. Other Members: Miss M. L. Moag, V.O.N., Miss E. B. Hurley, University of Montreal, Miss C. Lamoureux, Miss A. Kinder, Children's Memorial Hospital, Montreal; Miss Catherine Ferguson, Alexandra Hospital, Montreal. Nursing Education Section (English), Miss E. Sharpe, Royal Victoria Hospital; Nursing Education Section (French), Sister Augustine Hopital St. Jean de Dieu, Montreal; Public Health Section, Miss Isabel Manson, V.O.N., Bishop St., Montreal; Private Duty Section (English), Miss Christina Watling, 1480 Chomedy St., Montreal; Private Duty Section (French), Mlle. Panet-Raymond, 259 McDougall Ave., Montreal; Board of Examiners, Convener, Miss C. V. Barrett; Registrar and Executive Secretary, Miss E. Frances Upton, 11 Oldfield Ave., Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss R. M. Simpson, Department of Public Health, Parliament Bldgs., Regina; First Vice-President, Miss Jean McKenzie, Junior Red Cross, Regina; Second Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Councillors, Sister O'Grady, Grey Nuns' Hospital, Regina, and Miss M. Montgomery, The Sanatorium, Fort Qu'Appelle; Conveners of Standing Committees, Public Health, Miss Elizabeth Smith, Normal School, Moose Jaw; Private Duty, Miss C. M. Munro, Coronation Court, Saskatoon; Nursing Education Section, Sister Raphael, Providence Hospital, Moose Jaw; Secretary-Treasurer, and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stewart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss MacLear; Second Vice-President, Miss Sherwood; Treasurer, Miss Ann McKee; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss A. Tarrant, 536 14th Ave. W.; Convener Private Duty Section, Miss Agnes Kelly; Registrar, Miss D. Mott, 110 18th Ave. W.

EDMONTON GRADUATE NURSES' ASSOCIATION

President, Mrs. K. Manson; First Vice-President, Miss Welsh; Second Vice-President, Miss B. A. Emerson; Secretary, Miss Davidson; Treasurer, Miss S. C. Christenson, 11612 94th St., Edmonton; Corresponding Secretary, Miss M. Staley, 9904 103rd St., Edmonton; Registrar, Miss Sproule; Programme Committee, Miss Campbell; Visiting Committee, Miss M. Griffiths and Miss Chinneck.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss MacRea; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss Edna Auger; Secretary, Miss De Coursey, General Hospital, Medicine Hat; Treasurer, Miss Seafoot; Convener of of Flower Committee, Miss M. Murray; Convener of New Members Committee, Miss Sodero; "Canadian Nurse" Correspondent, Mrs. Tobin.

Regular Meeting—First Tuesday in Month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss Oliver; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss H. Dean, Royal Alexandra Hospital; Treasurer, Miss Griffith, 10806-98th Street.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. P. Campbell, 1625-10th Ave.; W.; First Vice-President, Miss M. L. Dutton, St. Paul's Hospital; Second Vice-President, Miss M. Mirfield, 1180-15th Ave., W.; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. G. Archibald, 536-12th Ave., W.; Council, Misses E. Lumsden, 2454-13th Ave., W., M. Duffield, 3760-11th Ave., W., D. Turnbull, 1865-11th Ave., W., McLeay, 1180-15th Ave., W., Jean Matheson, Military Hospital; Directory Committee (Convener), Miss K. W. Ellis, Vancouver General Hospital; Programme Committee (Convener), Miss B. Cunliffe, Vancouver General Hospital; Social Committee (Convener), Miss Corker, Vancouver General Hospital; Sick Visiting Committee (Convener), Miss D. K. Anderson, Vancouver General Hospital; Ways and Means Committee (Convener), Miss M. Ewart, 2775-38th Ave., W.; Creche Committee (Convener), Miss M. A. McLellan, 1883-3rd Ave., W.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Mary Alphonsus; President, Miss Jean Campion, 4630 Osler Avenue, Vancouver; Vice-President, Miss Kathleen Flahiff, 1111 Jervis St., Vancouver; Secretary-Treasurer, Miss Jeannie A. Morton, 1360 Burrard St., Vancouver; Secretary, Miss Freda Daly, 1267 Pendrell St., Vancouver; Executive, Misses M. Rogerson, E. Howell, K. Doumont, A. Kerr, K. Stirk, M. Krotska, H. Smith, A. Webb, M. Brice, A. Jordan, M. Berry, Mrs. Engley.

A.A., VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.

Hon. President, Miss K. W. Ellis; President, Miss O. V. Cotsworth, 1135 12th Ave. W.; First Vice-President, Miss Blanche Harvie; Second Vice-President, Mrs. Harold Findlay; Secretary, Miss L. Jean Stevens, 1591 16th Ave., W.; Asst. Secretary, Mrs. Hugh Macmillan; Treasurer, Mrs. George Walker, 4534 Bellevue Drive; Conveners of Committees, Refreshment, Mrs. Guill; Programme, Miss H. Innis; Sick Visiting, Miss L. Stocker; Sewing, Miss L. Timmins; Local Press and "The Canadian Nurse," Miss E. Bowman.

A.A., ST. JOSEPH'S HOSPITAL, VICTORIA, B.C.

President, Mrs. Jean Beach, 231 St. Andrews St.; First Vice-President, Miss Mina Craighead, 940 Fullerton Ave.; Second Vice-President, Miss Norah Knox, 1024 Pakington St.; Corresponding Secretary, Mrs. Myrtle Willson, 2224 Hampshire Terrace; Recording Secretary, Miss Doris Taylor, 1024 Pakington St.; Secretary-Treasurer, Miss Elizabeth Reid, 123 Simcoe St.; Councillors: Mrs. May Smith, the Misses Eunice McDonald, Bessie Graham, Kathleen Fraser.

BRANDON GRADUATE NURSES ASSOCIATION

Hon. President, Miss E. M. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Margaret Gemmell; First Vice-President, Mrs. S. J. S. Peirce; Second Vice-President, Miss D. Cannon; Secretary, Miss K. Lynch; Treasurer, Miss I. S. Fargey, 302 Russell St., Brandon; Registrar, Miss C. MacLeod: Conveners of Committees: Social, Miss H. Morrison; Sick Visiting, Miss M. Trotter; Blind and Welfare, Miss Bergman; Private Duty, Miss H. Meadows; Press Representative, Miss M. Skinner.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss Theresa O'Rourke, 753 Wolseley Ave.; First Vice-President, Miss S. M. Wright, 340 St. John's Ave.; Second Vice-President, Miss E. Shirley, Ste. 28 King George Apts.; Secretary, Miss Stella Gordon, 251 Stradbrooke Ave.; Treasurer, Miss Isabel Downing, 173 Home St.; Conveners of Committees, Social, Miss J. Morrison, 245 Ruby St.; Sick Visiting, Miss B. Stanlon, Ste. 4 Smith Court; Refreshment, Miss N. O'Meara, 17 Dundurn Place; Press and Publication, Miss S. M. Wright, 340 St. John's Ave.; Representatives to Local Council of Women, Mrs. McIntosh, 200 Kennedy St., Miss Theresa O'Rourke; Representative to Nurses Central Directory, Miss A. C. Starr.

Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Miss E. Ironside, 876 Bannatyne Ave.; Second Vice-President, Miss I. McDiarmid, 363 Langside; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss O. Wicks, Nurses Home, Winnipeg General Hospital; Corresponding Secretary, Miss M. Baldwin, Nurses Home, Winnipeg General Hospital; Treasurer, Mrs. H. Graham, 99 Euclid St.; Sick Visiting, Miss J. Morgan, 122 Rose St.; Programme, Miss C. Lethbridge, 877 Grosvenor Ave.; Membership, Miss B. Pearston, Nurses Home, Winnipeg General Hospital.

A. A., GALT HOSPITAL, GALT, ONT.

Hon. President, Mrs. Wallace; President, Miss M. King; First Vice-President, Miss S. Mitchell; Second Vice-President, Miss Jackson; Secretary-Treasurer, Miss G. Rutherford; Asst. Secretary-Treasurer, Mrs. E. V. Brown; Programme Committee, Misses Hopkinson, Blogden and Lawless.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Mrs. W. Noll; Treasurer, Mrs. W. Knell, 41 Ahrens St. W.; Secretary, Miss E. Master, 13 Chapel St.; Representative to "The Canadian Nurse," Mrs. S. S. Shantz, 860 Queen's Blvd.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONTARIO

President, Miss Annie P. Evans, 639 Wellington St.; First Vice-President, Miss Alice Clark; Second Vice-President, Miss Evelyn Hazlewood; Secretary-Treasurer, Miss Josephine Little, McCormick Home for Aged People; Social Secretary, Miss Lydia Young; Programme Committee, Misses Bertha Smith, Anne M. Forrest, Mrs. Gertrude Heal; Representatives on Registry Board, Misses Mary Baudin, Nora McPherson; Representative, "The Canadian Nurse," Mrs John Gunn.

THE CENTRAL REGISTRY GRADUATE NURSES

Supply Nurses any hour day or night.

Phone Garfield 0382

Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS, Reg.N,

Montreal Graduate Nurses' Association Register

NURSES CALLED DAY OR NIGHT

Telephone Uptown 0907

LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.

Club House Phone Up-5666.

BRONX REGISTRY AND CLUB FOR NURSES

1195 Boston Road, New York City

Graduate nurses wanted for private duty, also hospital specializing; pleasant rooms and kitchenette privileges for nurses wishing to live at the registry, also limited number of practical nurses. Telephone Kilpatrick 7640 - 7641.

ANNA M. BROWN, R.N., Prop.
Established 1911

EQUIP YOUR NURSES

WITH

KLEIN'S

Waterproofed
("Anti-Pluie" Process)

CAPES

The last word in comfort, quality and service, at this unequalled low price

$10 AND UP

All-Wool with an All-Wool Lining

Hospitals throughout the country have bought these capes, with uniform satisfaction. A sample order will convince you that there is no better cape made, nor a better value.

Every Cape Tailored to Individual Measure

Samples—Sample Cape & Prices Sent on Request

D. KLEIN & BRO., INC.

Makers of Good Uniforms for 75 Years
715-719 Arch St. Dept. T. Philadelphia, Penn., U.S.A.

THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

offers a three months' Post-Graduate Course in Obstetrics and a two months' Post-Graduate Course in Gynaecology and Operating-Room Technique, to graduates of accredited schools.

Graduates receive ($20.00) twenty dollars per month with full maintenance.

For further information address
C. V. BARRETT, R.N.,
Royal Victoria Montreal Maternity Hospital,
MONTREAL, QUE.

THE
Manitoba Nurses' Central Directory

Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

12 Doz. $ 3.60
6 Doz. $ 2.00
ANITA PAYNE
3 Doz. $ 1.25
Cash's Names
Woven on Fine Cambric Tape
For Marking Clothing & Linen
Save Confusion and Losses
Order from your Dealer or Write
J. & J. Cash, Inc.
CHER ST., BELLEVILLE, ONTARIO.

FLORENCE NIGHTINGALE ASSOCIATION, TORONTO

President, Miss Mary Gridley; Vice-President, Miss Harriet Meiklejohn; Treasurer, Miss Clara E. Dixon, 125 Rusholme Road; Secretary, Miss Violet Carroll, 1 Edgewood Ave.; Councillors, Mrs. M. Edwards, Miss F. Campbell, Miss H. Campbell, Miss B. Hutchinson, Mrs. B. Manning, Miss W. Murray, Miss M. Moberley, Miss I. Wallace.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Gertrude Garvin; Secretary-Treasurer, Miss A. G. Tanner; Directors, Misses F. Hodgins, M. Stewart, D. M. Percy, Mrs. John Murphy, Norma Lewis and Kathleen Forbes; Conveners of Committees: Nursing Education, Miss G. Bennett; Publication, Miss Dorothy Percy; Public Health, Miss Dorothy Percy; Private Duty, Miss G. Woods; Membership, Miss N. Lewis; Representative to Board of Directors, R.N.A.O., Miss G. Garvin.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-President, Miss A. Boucher, Port Arthur; Secretary-Treasurer, Miss R. Wade, Fort William; Councillors: Misses P. L. Morrison, T. Gerry, B. Bell, Fort William; Misses E. Ballantyne, S. MacDougall, V. Lovelace, Port Arthur; Representatives: Private Duty, Miss A. Boucher, Port Arthur; Public Health, Miss T. Gerry, Fort William; Nursing Education, Miss P. L. Morrison, Fort William; Conveners of Committees: Membership, Miss T. Gerry, Fort William; Programme, Miss V. Lovelace, Port Arthur, and Mrs. R. Grant, Fort William; Finance, Miss B. Bell, Fort William; Correspondent to "The Canadian Nurse," Mrs. H. Hancock, Fort William; Representative to Board of Directors R.N.A.O., Miss J. Hogarth, Fort William.

Meetings held first Thursday every month.

A.A. BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence MacIndoo; President, Miss Vina Humphries; Vice-President, Miss Edith Wright; Secretary, Miss Sabra Phillips; Treasurer, Miss Reta Fitzgerald; Representative to "Canadian Nurse", Miss Helen Fargey.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A. A., BRANTFORD GENERAL HOSPITAL

President, Miss Jessie Wilson; Vice-President, Miss P. Robinson; Secretary, Miss M. McCormick; Asst. Secretary, Miss H. D. Muir; Treasurer, Miss Jean Davidson; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; Flower Committee, Miss E. Champness; "The Canadian Nurse" Representative, Miss M. Nichol; Social Convener, Miss Dora Arnold; Press Representative, Mrs. A. A. Mathews, Miss N. Yardley.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., PUBLIC GENERAL HOSPITAL, CHATHAM

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Miss J. Tinney, 187 Selkirk St.; First Vice-President, Miss D. Thomas, General Hospital; Second Vice-President, Miss W. Fair, General Hospital; Recording Secretary, Mrs. E. P. Smythe, 193½ King St.; Corresponding Secretary and Press Correspondent, Miss J. Davis, Fourth St.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; The Canadian Nurse, Miss G. Hillman, 44 Third St.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

A.A., ROYAL ALEXANDRA HOSPITAL, FERGUS

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 16 Powell St.; Treasurer, Miss A. Milloy; Flower Committee, Misses Creighton and Badke, Mrs. R. Hockin; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A. A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Cora Taylor, 80 Grant Ave.; Vice-President, Miss Ella Baird, 15 Bold St.; Recording Secretary, Mrs. Barlow, 134 Catharine St. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Mrs. E. M. Johnson, 156 Kensington Ave. S.; Treasurer Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. Roy (Convener), Misses G. Hall, A. Atkins, T. Armstrong, L. Call, M. Harrod; Registry Committee, Misses E. Davidson, G. Hall, Mrs. Hess; Programme Committee, Miss Buchanan (Convener), Misses Souter, Sturrock, [illegible] Murray, Eastwood; Flowers and Visiting Committee, Miss Annie Kerr (Convener), Misses McDermott, Pegg, Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives to "The Canadian Nurse," Miss Souter (Convener), Misses Pegg, Baird; Representative R.N.A.O. Private Duty, Miss Hanselman; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON.

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagare; Treasurer, Miss I. Loyat, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss G Boyes.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

The Maternity Hospital and Dispensaries

WESTERN RESERVE UNIVERSITY

In the effort to meet appeals coming from all parts of the country for nurses capable of giving proper care to the pregnant, parturient and puerperal women, Maternity Hospital has arranged for graduates of accredited schools a comprehensive

Post Graduate Course	Four Months
Theoretical instruction	50 hours
Practical demonstrations	50 hours

Supervised practice and individual instruction during the

Time Assigned to Various Departments	
Mothers	3 weeks
Nurseries	4 weeks
Surgery and Delivery Rooms	3 weeks
Babies' Hospital and Dispensary	1 week
Out-Patient Department	6 weeks
Social Service	
Prenatal	
Postpartum	
Deliveries	

Full credit is given by Public Health organizations for the time spent in this Out-Patient Department.

Maintenance and an honorarium of $100.

Apply, SUPERINTENDENT,
2105, Adelbert Rd., Cleveland, O.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Miss Irene McDonald, 29 Pembroke St.; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Alfred Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, Kitchener and Waterloo Hospital, Kitchener; Asst. Secretary, Mrs. L. Bauman; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sister M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Grace M. Fairley, Victoria Hospital; President, Miss Della Foster, 503 St. James Street; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christena Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas Street; Secretary, Miss Isobel Hunt, 898 Princess Avenue; Corresponding Secretary, Miss Mabel Hardie, 281 Queens Ave.; Representative, The Canadian Nurse, Miss Luella M. Shaw, Victoria Hospital; Board of Directors, Mrs. C. J. Rose, Misses F. MacPherson, H. Hueston, E. Swetnam, H. Cryderman, A. McKay; Representatives to Registry Board, Misses M. McVicar, S. Giffen, F. Macpherson and A. Johnston.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Miss Marion Curry; First Vice-President, Mrs. M. E. Sharpe; Second Vice-President, Mrs. D. O'Donnell; Treasurer, Mrs. N. Gillies; Secretary, Miss H. J. Pirie; Convener, Sick Committee, Mrs. V. Wesley; Asst. Convener, Sick Committee, Mrs. J. Taylor; Convener, Private Duty Committee, Miss A. I. Pirie.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss E. Johnston; President, Miss M. Harvie; First Vice-President, Miss M. Payne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Pearce.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss E. MacWilliams; President, Mrs. H. W. Trick, 168 Simcoe St. N.; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Miss Elma M. Hogarth, 301 Celina Street; Treasurer, Mrs. H. Harland, 50 McMillan Drive.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

President, Miss Isabel Mothersill; Vice-President, Miss Mary Nelson; Secretary, Miss Isabel Allan, 408 Slater St.; Treasurer, Mrs. Florence Ellis; Representatives to Central Registry, Miss Grace Woods and Miss Norma Lewis; Representative to the Local Council of Women, Miss Mona Drummond.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Mrs. John Murphy; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Viola Foran, 557 Laurier Ave., West; Membership Secretary, Miss Pauline Bissonnette; The Canadian Nurse, Miss Juliet Robert; Representatives to The Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Vian, Miss F. Nevins; Representatives to Central Registry, Miss A. Stackpole, Miss L. Egan, and a member of each class.

A. A., GENERAL AND MARINE HOSPITAL OWEN SOUND.

Hon. President Miss Edith Jefferies; President, Miss E. Webster 1022 4th Ave. W.; Vice-President, Miss Cora Thompson; Secretary-Treasurer, Miss Cora Stewart, General and Marine Hospital; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Mrs. Wm. Forgrave, Mrs D. J. McMillan, Miss C. McLean; Programme Committee, Misses Olga Stewart, Grace Rusk, Mary Graham; Press Representative, Miss Mary Sim.

A.A., NICHOLL'S HOSPITAL, PETERBORO.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Miss M. R. Reid; Secretary, Miss B. Smith; Corresponding Secretary, Miss J. Deyell, Y.W.C.A.; Convener, Social Committee, Miss M. Watson; Convener, Flower Committee, Miss A. Dobbin.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss L. Barwise; 2nd Vice-President, Miss L. Seigrist; Treasurer, Miss M. Lee; Secretary, Miss B. M. Farlane.

A.A., SAULT STE. MARIE GENERAL HOSPITAL

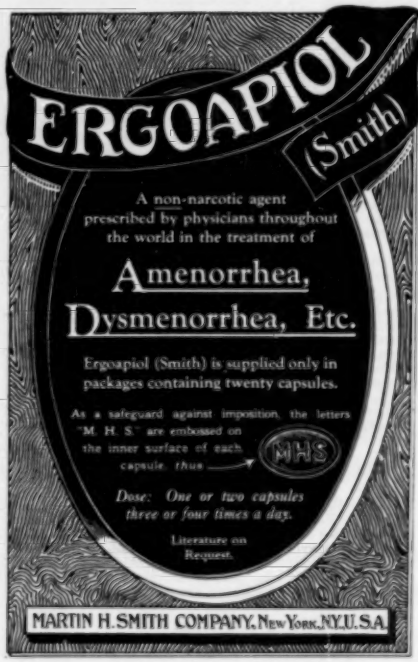
Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss S. Meyschein; Vice-President, Miss C. Staples; Secretary-Treasurer, Miss L. M. Wilks; Flower Committee, Mrs. L. Dunsmore, Miss A. Turnbull; Correspondent, "The Canadian Nurse," Miss C. J. Zoeger

A. A., MACK TRAINING SCHOOL, ST. CATHARINES.

Hon. President, Miss A. Wright, Superintendent General Hospital; President, Mrs. Charles Hesburn, 54 George St.; First Vice-President, Mrs. Parnell, 161 Church St.; Second Vice-President, Miss Tuck, 106 Church St.; Secretary-Treasurer, Miss Ethel Whittington, General Hospital; Assistant Secretary-Treasurer, Miss Mary Phipps, 82 Hainer St.; Programme Committee, Mrs. Ockenden, Misses F. McArter, A. Johnston and F. Case; Social Committee, Misses B. Kennedy, A. Moyer, R. Beckett, A. Gayman and Mrs. F. Newman; "The Canadian Nurse" Representative, Mrs. Parnell; "The Canadian Nurse," Subscriptions, Miss F. McArter; Press Correspondent, Miss S. E. Hanna.


ERGOAPIOL
(Smith)
A non-narcotic agent prescribed by physicians throughout the world in the treatment of
Amenorrhea,
Dysmenorrhea, Etc.
Ergoapiol (Smith) is supplied only in packages containing twenty capsules.
As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, thus
MHS
Dose: One or two capsules three or four times a day.
Literature on Request.
MARTIN H. SMITH COMPANY, New York, N.Y. U.S.A.

ACETOPHEN
AND PHENACETIN
COMPOUND
C. T. No. 217 "Frosst"

for— Headaches, Rheumatic Pains, Neuralgia, Colds and Grippe

C. T. No. 217		
ACETOPHEN & PHENACETIN COMPOUND		
Acetophen.....	3½ gr.	ANTIPYRETIC
Phenacetin....	2½ gr.	ANALGESIC
Caffeine Citrate..	½ gr.	ANTI-RHEUMATIC

Dose: One or two tablets.

Charles E. Frosst & Co. Montreal

POST-GRADUATE COURSES

Woman's Hospital in the State of New York

SIX MONTHS' GENERAL

Practical Work—Gynecological Wards; Obstetrical Ward, including Nursery Formula, Delivery and Labor Rooms; Operating Room, including Sterilizing and Recovery Room technic. Out-Patient Clinics.

Theory.....40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 15 hours Gynecology, 6 hours Anatomy and Physiology, 6 hours History of Nursing. Lectures by Attending Staff.

THREE MONTHS' OBSTETRICAL

Practical Work—Obstetrical Ward, Nursery, Formula, Delivery and Labor Rooms; Out-Patient Clinics.

Theory.....40 hours Nursing Procedures; 24 hours Obstetrical Nursing; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

THREE MONTHS' OPERATING ROOM TECHNIC AND MANAGEMENT

Practical Work—Operating Rooms, Sterilizing and Recovery Rooms, Management of Operating Rooms.

Theory.....24 hours Nursing Procedures; 15 hours Gynecology; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

Post-Graduate Students receive an allowance of $15.00 per month and full maintenance
Theoretical Instruction by Attending Staff and Resident Instructor
Nurse Helpers Employed on all Wards

AFFILIATIONS

Offered to accredited Training Schools for three-months' Courses in Obstetrics

For further particulars, address—DIRECTRESS OF NURSES
141 West 109th St., New York City.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Jessie Grant, Memorial Hospital; First Vice-President, Miss Jean Killins; Second Vice-President, Miss Hazel Hastings; Secretary, Miss Annie Campbell, Memorial Hospital; Corresonding Secretary, Miss Gladys Hardy, 19 Weldon Avenue; Treasurer, Miss Mary Malcolm, 142 Centre Street; The Canadian Nurse, Mrs. Thomas Keith, 47 William St.; Executive, Mrs. J. A. Campbell, Misses Isabel Matheson, Roma Chambers, Elinor Raman, Claribel McCorquodale.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jean Browne; 1st Vice-President, Miss Hunter; 2nd Vice-President, Miss M. Crossley; Treasurers, The Misses Fidler, Nurses' Residence, Toronto General Hospital; Corresponding Secretary, Miss L. Bailey; Recording Secretary, Miss M. Stewart; Councillors, Misses K. Russell, G. Gordon, C. Vale, M. Dulmage, McFarland.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray; First Vice-President, Miss Alberta Bell; Second Vice-President, Miss L. J. Dyer; Recording Secretary, Miss Dewar; Corresponding Secretary, Miss Lila Edmunds, 282 Grace St.; Treasurer, Miss Elliott, 26 Tranby Ave.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther Cock, 130 Dunn Ave.; President, Mrs. Caroline Ash, 130 Dunn Avenue; Vice-President, Miss Jean Macpherson, 130 Dunn Avenue; Secretary, Miss Mary Crawford, 130 Dunn Avenue; Treasurer, Miss Amy Poff, 130 Dunn Avenue; Press Secretary, Miss Ione Clift, 130 Dunn Avenue; Convener, Social Committee, Miss Effie Carrie, 61 Roncesvalles Avenue.

A.A., TORONTO ORTHOPEDIC HOSPITAL

Hon. President, Miss E. McLean; President, Miss M. Devins, 42 Dorval Rd.; Vice-President, Mrs. W. J. Smithers, 74 St. George St.; Secretary-Treasurer, Miss O. Fee, 100 Bloor St. W.; Representatives to Central Registry: Mrs. Proctor, 226 Glen Rd.; Miss E. Kerr, 1594 King St. W.; Representative to R.N.A.O., Miss A. Bodely, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss E. Lyall, 290 St. George St., Toronto; First Vice-President, Miss G. Gastrell, Isolation Hospital; Second Vice-President, Mrs. Radford, 458 Strathmore Blvd.; Secretary, Miss Cora L. Russell, Isolation Hospital; Corresponding Secretary, Mrs. E. Quirk, Isolation Hospital; Treasurer, Miss L. McLaughlin, Isolation Hospital; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Isolation Hospital; Representatives to Central Registry, Misses G. Anderson, J. Henderson.

A. A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts and Miss Kathleen Panton; President, Miss Hazel Hughes; First Vice-President, Mrs. A. L. Langford; Second Vice-President, Miss Gene Clark; Secretary, Miss Wilma Low, 274 Danforth Ave.; Corresponding Secretary, Mrs. D. M. Smith, 250 Heath St. W.; Treasurer, Mrs. A. P. Reid, 58 Hubbard Blvd.; Councillors, Miss Carson, Mrs. Strachan, Miss K. Halliwell, Miss Florence Booth, Mrs. T. A. James, Miss St. John.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Ramsden, 9 Carey Rd.; Second Vice-President, Miss Bowen, 9 Linden St.; Corresponding Secretary, Miss Magnan, 3 Ravina Cres.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Treasurer, Miss Cook, 1192 Gerrard St. E.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

President, Miss Essie Taylor, 20 Lauder Ave., Toronto; First Vice-President, Miss Ella Graydon; Second Vice-President, Miss Ella O'Boyle; Third Vice-President, Miss Helen O'Sullivan; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie E. McEnaney, 62 Ariel St., Toronto; Treasurer, Miss Helen Hyland, 137 Belsize Drive, Toronto; Directors, Misses E. M. Chalue, M. I. Foy, Marcella Berger; Conveners of Standing Committees, Misses Ivy de Leon, Julia O'Connor, Hilda Kerr.

A.A., VICTORIA MEMORIAL HOSPITAL, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 496 Sherbourne St.; Vice-President, Miss Alice Brown, 40 Wroxeter St.; Treasurer, Miss Elda Rowan, 342 Spadina Rd.; Recording Secretary, Mrs. Florence Barry, 42 Maitland St.; Corresponding Secretary, Miss Jessie Campbell, 121 Carlton St.; Executive, Misses Tucker, Lavelle, Fraser and Meikle; Correspondent to "The Canadian Nurse," Miss Bernice Reid, 88 Carlton St.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss R. Beamish; Vice-President, Miss L. Smith; Recording Secretary, Miss F. Matthews; Secretary-Treasurer, Miss G. Jones; Representative to The Canadian Nurse, Miss E. Smith; Representative to Local Council, Mrs. MacConnell; Honorary Councillors, Mrs. Yorke and Mrs. MacConnell; Councillors, Mrs. Henders, Miss McLean, Miss Cooney, Miss L. Steacy, Mrs. Bateman, Miss Stevenson, Miss Milligan, Miss Grose; Social Committee, Mrs. A. Wilson; Flower Committee, Miss Lamont.

Meetings will be held the second Thursday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A. A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Harriett T. Meiklejohn; President, Miss Hawkes; First Vice-President, Mrs. Akins; Second Vice-President, Miss Arksey; Treasurer, Mrs. Hood; Corresponding Secretary, Miss McClintock (first), Miss Groenawold (second); Recording Secretary, Miss Munns; Social Committee, Miss May; Representative to "The Canadian Nurse," Miss M. F. Snell, 21 Kelvin Manor Apts., 2161 Yonge St.

A.A. CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss Louise Smith, Toronto Hospital, Weston; Vice-President, Miss Ella Robertson, 137 Markham St., Toronto; Secretary, Miss Ruth MacKay, Toronto Hospital, Weston; Treasurer, Miss Clara Foy, 163 Concord Ave., Toronto.

A. A., GENERAL HOSPITAL, WOODSTOCK,

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; First Vice-President, Mrs. Melsome; Second Vice-President, Miss G. Boothby; Secretary, Miss A. Schofield; Asst. Secretary, Miss H. Brown; Treasurer, Miss E. Eby; Corresponding Secretary, Miss L. Jackson; Representative to "The Canadian Nurse," Miss A. Cook; Social Committee, Mrs. Melsome, Misses Kerr and Jackson; Programme Committee, Misses Hobbs, McKay, and Costello; Flower Committee, Misses Jefferson and Cook.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss Doris Stevens; First Vice-President, Miss Ella Morrisette; Second Vice-President, Miss Rhena Work; Treasurer, Mrs. Oscar Stenson; Recording Secretary, Miss Helen Hetherington; Corresponding Secretary, Miss Margaret Robins; Representative to "The Canadian Nurse," Miss Carolyn Hornby, Box 324, Sherbrooke, P.Q.

WHITAKERS

EVERSMART

UNIFORMS

OF QUALITY

MADE TO THE MOST EXACTING STANDARDS
PRICED MOST REASONABLY

Combine Beauty and Dignity with Perfect Tailoring

This smart uniform is designed for nurses who want style that conforms to the dignity of their profession.

See the Eversmart dealer in your town.

Catalogue sent on request

Made by

Whitakers Limited

Sommer Bldg., 423 Mayor St.
MONTREAL, P.Q.

No. 1127

Double-breasted Model Flare Skirt, French link cuffs best quality, detachable pearl buttons. Made of fine poplin. White only. Sizes 32-44.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss L. M. Brown; President, Miss B. A. Jobber; Vice-President, Miss M. McNutt; Secretary-Treasurer, Miss B. F. Lapierre, 9563 LaSalle Blvd., LaSalle, P.Q.; Executive Committee, Miss A. Talbot, Miss M. Lamb.

Meetings, first Monday each month.

MONTREAL GRADUATE NURSES' ASSOCIATION

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss C. V. Barrett; Royal Victoria Hospital; First Vice-President, Miss A. Jamieson, 1230 Bishop St.; Second Vice-President, Miss A. DesBrisay, 1230 Bishop St.; Secretary Treasurer, Miss J. A. Fletcher, 1230 Bishop St.; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Relief Registrar, Miss J. A. Fletcher, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, December.

A.A., CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss M. Watson; Vice-President, Miss I. Stewart, Secretary, Mrs. F. C. Martin, 228 Royal Avenue; Treasurer, Miss M. Flanders; Sick Nurses Committee, Miss M. Clarke, Miss A. MacFarland; Representative to "The Canadian Nurse," Miss D. Parry; Members of Executive Committee, Misses E. Hogue, E. Hillyard.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss F. E. Strumm; First Vice-President, Miss E. M. Cowen; Second Vice-President, Miss M. K. Holt; Recording Secretary, Miss M. P. Boa; Corresponding Secretary, Miss H. G. Hewton; Treasurer, Alumnae Association and Mutual Benefit Fund, Miss I. Davies; Hon. Treasurer, Miss Dunlop; Executive Committee, Misses Loggie, M. McDermott, Batson, McCarogher, Mathewson; Representative Private Duty Section, Miss R. Loggie; Representative to "The Canadian Nurse" (Convener), Miss White; Representative, Local Council of Women, Misses Colley, Bullock, Proxy, H. Carmen; Sick Visiting Committee (Convener), Mrs. Stuart Ramsay; Refreshment Committee, Misses Ward and L. Shepherd.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs. M. I. Warren; First Vice-President, Miss T. Y. Sanders. Second Vice-President, Miss D. Campbell; Secretary, Miss Muriel Bright; Assistant Secretary, Miss M. McKenzie; Treasurer, Miss D. W. Miller; "The Canadian Nurse" Representative, Miss A. B. Pearce; Montreal Nurses Association, Mrs. H. Pollock, Miss H. O'Brien; Convener, Social Committee, Miss M. F. Currie.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Misses E. A. Draper and M. F. Hersey; President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Mrs. Scrimger; Treasurer, Miss Burdon; Recording Secretary, Miss G. Martin; Corresponding Secretary, Miss K. Jamer; Convener of Finance Committee, Miss Enright; Convener, Programme Committee, Mrs. Scrimger; Convener, Sick Visiting Committee, Miss Gall; Representative, "The Canadian Nurse," Miss E. Flanagan; Representative, Local Council of Women, Misses Hall, Yeates; Representative, Private Duty Section, Misses Steel, McCallum, Palliser, McKibbon.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Marion Nash, 1234 Bishop St.; First Vice-President, Miss Bertha Birch; Second Vice-President, Miss Edna Payne; Secretary, Miss Ruby Kett; Treasurer, Miss Jane Craig; Conveners of Committees: Finance, Miss E. MacWhirter; Sick and Visiting, Miss B. Dyer; Correspondent to "The Canadian Nurse," Miss M. Hume; Representatives, Private Duty Section, Misses M. Tyrrell, H. Williams.

A.A., NOTRE DAME HOSPITAL, MONTREAL

Hon. President, Mother Dugas; Hon. Vice-Presidents Mother Mailloux, Rev. Sister Robert; President, Miss B. Lecompte; First Vice-President, Miss A. Hartenstein; Second Vice-President, Miss G. Dufresne; Secretary, Miss F. Massicotte, 2886 Holt St.; Assistant Secretary, Miss F. Ecuyer; Treasurer, Miss L. Boulerice; Conveners of Committees: Social, Miss L. Seneeal; Nominating, Misses G. Belisle, E. Merizzi, M. De Courville; Sick Visiting, Misses A. Martineau G. Gagnon, B. Lacourse.

A.A., WOMEN'S GENERAL HOSPITAL, WESTMOUNT

Hon. President, Miss E. F. Trench; President, Miss L. Smiley; First Vice-President, Mrs. Crewe; Second Vice-President, Miss N. J. Brown; Recording Secretary, Miss Commerford; Corresponding Secretary, Mrs. Chisholm; Treasurer and "The Canadian Nurse" Representative, Miss E. L. Francis; Sick Visiting, Mrs. Kirk, Miss Jensen.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss E. Armour; First Vice-President, Miss H. A. MacKay; Second Vice-President, Miss E. Ford; Recording Secretary, Miss E. Douglas; Corresponding Secretary, Miss F. O'Connell; Treasurer, Miss E. McHarg; Representative to "The Canadian Nurse," Miss Doris Jack; Sick Visiting Committee, Misses Effie Jack, Cecile Caron; Private Duty Section, Miss C. Caron; Refreshment Committee, Misses A. Ascah, Ivy Nichol; Councillors, Miss F. L. Imrie, Mrs. D. Jackson, Miss C. Kennedy, Mrs. M. Craig, Miss Una Gale.

A.A. SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Miss Ella Morrisette; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Colin Campbell; Treasurer, Mrs. Adele Dyson; Recording Secretary, Mrs. Gordon McKay; Corresponding Secretary, Miss Evelyn L. Warren, Sherbrooke, P.Q.; Correspondent to "The Canadian Nurse," Miss Helen Todd.

MOOSE JAW GRADUATE NURSES' ASS'N

Honorary Advisory President, Mrs. Harwood; Honorary President, Mrs. Lydiard; President, Miss Cora M. Kier; Secretary, Miss B. Aldcorn, 202 Scott Bldg., Moose Jaw; Conveners of Committees: Social, Mrs. Stanfield; Press, Mrs. Lydiard; Constitution and By-laws, Miss French; Programme, Mrs. Young; Representative, Private Duty, Miss R. Cooper; Representative, Public Health, Miss Smith; Representative, Nursing Education, Mrs. Young; Correspondent to "The Canadian Nurse," Mrs. Archibald; Treasurer and Registrar, Miss Cora M. Kier.

A.A., REGINA GENERAL HOSPITAL

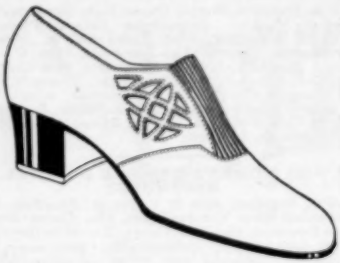
Hon. President, Miss K. M. Ross; President, Miss J. Jackson; 1st Vice-President, Miss M. Buker; 2nd Vice-President, Mrs. J. C. Black; Treasurer, Miss M. Wilkins; Secretary, Miss S. Pollock, General Hospital, Regina; Press Committee, Miss J. Burrows; Entertainment Committee, Miss M. McRae, Miss L. Turnbull; Refreshment Committee, Miss L. Blakely; Sick Nurses Committee, Miss F. Winterbotham.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

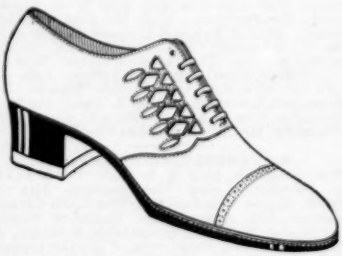
Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Louise M. Dickson, Shriners' Hospital, Montreal; Vice-President, Miss Olga Lilly, Royal Victoria Maternity Hospital; Secretary-Treasurer, Miss Dorothy P. Cotton, 1227 Sherbrooke St. W.; Programme Committee, Miss M. Armstrong, 1230 Bishop St.; Representative to Local Council of Women, Miss M. Dobie, Royal Victoria Hospital; Representatives to The Canadian Nurse, Administration, Miss F. Upton; Public Health, Miss Lecompte; Teaching, Miss E. Hillyard, Children's Memorial Hospital, Montreal.

A.A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss W. Dawson; Vice-President, Mrs. W. Pearcey; Secretary-Treasurer, Miss A. Harrison, 45 Woodlawn Ave., E. Toronto, Ont.; Recording Secretary, Miss E. Ferguson; Convener of Social Committee, Miss C. Vale.



Elastic gore, turn-sole cut-out, for dressy wear, beech tan and black kid—$12.00.



Cut-out Oxford, welt sole. Black and medium tan kid—$10.50 *and* $11.50.

IT IS NOT WISE

to change from the comfortable "on duty" shoe to something more dressy, but at the same time uncomfortable because made on an entirely different last. You can buy a NATURAL TREAD for street and evening as well as for ward and sick room. We have specialized in shoes for years: reap the benefit of our knowledge and avoid the ills of "sick" feet.

Write for self-measurement chart, and remember your patients will appreciate your telling them just what comfortable feet mean to their general health.

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.

18 Bloor St. W. - TORONTO

Christmas Gift Suggestions

The Canadian Nurse

Subscription $2.00 a Year.

511 BOYD BUILDING, WINNIPEG

The International Nursing Review

Subscription $2.00 a Year

Orders sent to International Council of Nurses, 14 Quai des Eaux Vives, Geneva, Switzerland.

Pioneers of Nursing in Canada

Price Fifty-five Cents

Copies may be obtained at

NATIONAL OFFICE,
Canadian Nurses Association,
511 BOYD BUILDING, WINNIPEG

Please mention "The Canadian Nurse" when replying to Advertisers.

for the Nausea of Pregnancy~

DIET regulation is of paramount importance, but the immediate distress can be quickly overcome and the danger of recurrence prevented with Phillips Milk of Magnesia. . . . and Phillips goes further than this; it has the additional merit of being laxative, an important quality since constipation is so often associated with pregnancy.

Patients take to Phillips Milk of Magnesia because it is pleasing in appearance and easy to take. Physicians prescribe *Phillips Milk of Magnesia* because it gets results.

Be sure *you* get the genuine Phillips Milk of Magnesia. The name *Phillips* is important.

For Keeping Babies Comfortable

Zinc Stearate Merck

has come to the front rank in baby powders. It "sheds water like a duck" and is soothing and cooling, too.

Supplied in a self-closing can—a valuable safeguard for the container of any toilet powder used in the home where there's a baby.

A sample to Nurses on request.

MERCK & CO. LIMITED 412 St. Sulpice Street **Montreal**

CAPES for Nurses and Students

Made from light weight blanket cloth. Lined in scarlet or Copenhagen flannel.

ALL SIZES

Price $10.00 each

BLAND & CO. LIMITED

1253 McGill College Avenue

MONTREAL

Please mention "The Canadian Nurse" when replying to Advertisers.

"Evidence dependent on histological methods shows that a ration which induced rickets in the rat can be made definitely anti-rachitic by the simple expedient of exposing it to ultra-violet light."

DR. HARRY STEENBOCK,
in the Journal of Biological Chemistry
of November, 1924.

WHEN Dr. Harry Steenbock, of the University of Wisconsin, made the discovery set out above in his own words, nutritional science took a great forward stride.

Irradiated Muffets—made from the wholewheat grain, cooked and toasted—is the first cereal food to contain the anti-rachitic Vitamin "D" through the application of the Steenbock discovery. The dependence of human health on the properly balanced assimilation of calcium and phosphorus is increasingly recognised by physicians today. Without Vitamin "D" or its correlated agent in ultra-violet light these minerals are retained and utilised by the body with difficulty. Particularly in the ages of active growth and adolescence, when the child's body demands an "activator" to lay down calcium and other mineral salts in the bone and tooth structure; in the period of pregnancy and lactation, when the great demand for these same skeletal elements is made on the mother; and in the stage of convalescence after acute illness, there is increased need for the anti-rachitic factor in an every-day, palatable, nutritious food to aid in the restoration of the calcium metabolism.

Irradiated Muffets, because of the addition of Vitamin "D" to the nutritional properties of wheat protein and bran roughage, have a distinct place in the dietary of the normal person, child or adult. They are not to be regarded as a therapeutic agent, with a high, concentrated vitamin potency, but as a natural food which will provide an additional factor to aid in the utilization of calcium and phosphorus. A biological assay of the Vitamin "D" in Muffets gives the following percentage of bone-ash as compared with an ordinary cereal of the same chemical constitution:

Unirradiated wheat	30.7
Irradiated Muffets	56.2

Irradiation of Muffets makes no change in taste or appearance; or in nutritive content, except for the valuable addition of Vitamin "D." Once irradiated, Muffets hold their irradiation under extreme conditions of storing.

All Muffets now on grocers' shelves are irradiated, whether so stated on the package or not.

Irradiated **MUFFETS**

The Quaker Oats Company

PETERBOROUGH — AND — SASKATOON

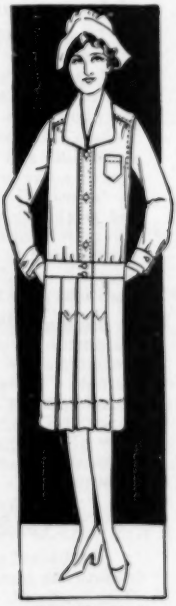
C NURSES C
UNIFORMS

Three New Styles——

Designed---For Comfort and Appearance
Tailored---To Stand Repeated Launderings
Priced---No Higher than the Ordinary Kind

Style No. 8700

Style No. 8800



Style No. 8900

Best Quality Middy Twill $3.50 each or 3 for $10.00
Corley Mercerized Poplin $6.50 each or 3 for $18.00

SALES TAX INCLUDED

Full shrinkage allowance made in all our uniforms. Sent postpaid anywhere in Canada when your order is accompanied by money order. Prices do not include caps. When ordering, give bust and height measurements.

All our Garments unconditionally Guaranteed as to material and workmanship.

Made in Canada by

CORBETT-COWLEY
Limited

Send for our Catalogue and samples of materials.

NOTE OUR NEW TORONTO ADDRESS

690 King St. W., TORONTO — 1032 St. Antoine St., MONTREAL

Please mention "The Canadian Nurse" when replying to Advertisers.

FELLOWS' SYRUP
of the Hypophosphites

A concentrated mineral pabulum, possessing unrivalled therapeutic properties in all Wasting Diseases, which have been termed "Demineralizations" by modern clinicians.

Supplies the organism with those indispensable mineral elements:
Manganese Sodium Potassium Calcium Iron
together with the dynamic action of quinine and strychnine.

Over Half-a-Century of Clinical Experience
with FELLOWS' SYRUP has confirmed it as

"THE STANDARD TONIC"

Samples and Literature upon request.

FELLOWS MEDICAL MANUFACTURING CO., Inc.
26 Christopher Street, New York, U. S. A.

MENIHAN ARCH-AID ROCHESTER, U.S.A.

For . . . Professional Women

A specially designed Oxford, with built-in Arch Supports in

Black Kid—Tan Kid—White Shoe Linen—White Buckskin

Menihan's Arch-Aid Shoes

are built scientifically.

The elements embraced in their construction prevent improper posture, hence you will walk correctly, producing both ease and grace.

Your efficiency is enhanced by reason of this

GEORGE L. CONQUERGOOD
Licensed Chiropodist in attendance, Toronto Store

No. 507

THE ARCH-AID SHOE COMPANY

Toronto Store: 24 Bloor St. West
Montreal Store: 1400 St. Catherine St. West Cor. Bishop
Winnipeg Store: 425 Portage Avenue

Please mention "The Canadian Nurse" when replying to Advertisers.

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXV. WINNIPEG, MAN., DECEMBER, 1929 No. 12

Registered at Ottawa, Canada, as second-class matter.

Entered as second-class matter March 19th, 1905, at the Post Office Buffalo, N.Y., under the Act of Congress, March 3rd, 1897.

Editor and Business Manager:—
JEAN S. WILSON, Reg.N., 511 Boyd Building, Winnipeg, Man.

DECEMBER, 1929

CONTENTS

		PAGE
The Pre-School Child	*D. G. A. Lamont*	709
Medical Aseptic Technique	*Ella M. Forrest*	715
County Health Units—United States of America	*Laura M. Gamble*	718
Department of Nursing Education:		
Educational Development in the School of Nursing	*Sister Jovita*	721
Eliminating the Unfit from the School of Nursing	*Elizabeth W. Odell*	723
Department of Private Duty Nursing:		
Correspondence re Constipation: Its Cause and Correction		725
Department of Public Health Nursing:		
Mental Hygiene and Public Health	*Dr. S. R. Laycock*	728
Book Reviews		734
News Notes		736
Index, 1929		745
Official Directory		749